2016 Columbus County Community Health Assessment

Presented by: Columbus County Health Department

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Executive Summary

The community health assessment is conducted every four years and the last assessment was conducted in 2012. The Community Health Assessment process is designed to allow us to gather information from our community members (this is primary data) to gauge the health of the county, while comparing this data with health statistics (health statistics are known as secondary data).

The Columbus County Health Department in collaboration with a Health Assessment Task Force comprised of some of Healthy Columbus's members (formerly the Columbus County Healthy Carolinians task force) as well as residents of the county, met five times(however, individual meetings are not counted in this total). The Columbus County Health Assessment Task Force approved the survey questions that were asked of residents in the spring of 2015, and also the focus group questions used in two opposite areas of the county; Chadbourn and Bolton. An additional joint focus group was held to ask Columbus County Board of Health Members and Columbus County Board of Commissioner Members the same questions as the focus groups, however, they were not asked about how they felt about the health department's hours of operation or how to improve services, since the task force felt that these questions were better suited for Health Department consumers and the general public.

Data Collection and Process of Data Collection

We made every effort to ensure that as many community members as possible took part in the survey; we had both paper and pen surveys and Survey Monkey online surveys, and focus groups. Task Force members agreed to distribute surveys to organizations and residents within their own communities, thus allowing us to create opportunities to glean responses collected that reflect those of the entire county. We also (as we did in the 2012 Community Health Assessment) determined the

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areas of the county with the largest populations, and recognized that we needed to make a concerted effort to collect 5% of surveys distributed from these towns(Whiteville, Tabor City, Chadbourn) as well as smaller towns(Brunswick, Bolton, Delco). The number of surveys collected from each town was set by Task Force members aiming to distribute the number of surveys in each town equal to 10% of the town's population, with a 5% return rate. Focus groups were "advertised" in areas by residents from those communities and Task Force members were asked to recruit individuals to participate as well.

The community responded that the lack of access to health care, the ability to pay for healthcare services, chronic diseases (heart disease, stroke, cancer, and diabetes), obesity, and substance abuse are issues that will be needed and addressed in near future.

The Columbus County Health Assessment Task Force and Healthy Columbus members will begin to look at our residents' concerns, and we will focus on chronic disease prevention, obesity, and substance abuse prevention for the next four years. We felt that we had the capacity to address these issues as a group, due to the current undertakings of community agencies and organizations to address these health topics. Furthermore, our efforts to address chronic diseases and obesity will be a continuation of efforts that began in 2012. Action plans for the aforementioned health concerns will be developed in the spring and summer of 2016.

 Below are some of the findings of the 2016 Community Health Assessment:

- In the 2016 Community Health Assessment, we found that the biggest health issues or concerns are: chronic diseases (cancer, diabetes, heart disease, stroke), followed closely by substance abuse and obesity.
- Chronic Diseases are still the number one concern of residents (this was number one in the 2012 Columbus County Health Assessment) and there has been substantial emphasis on this topic with our strong allies. Efforts include programming and implementation of chronic disease prevention efforts, including Stanford University's Chronic Disease Self-Management Program, Stanford University's Diabetes Self-Management Program, and the Centers for Disease Control

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and Prevention's Diabetes Prevention Program. These efforts have remained ongoing since 2012.

- Obesity was a close second to substance abuse in the 2016 Community Health Assessment, and substance abuse has remained the second leading concern of residents since the 2012 Columbus County Community Health Assessment.
- Within the past two years, substance abuse has been and continues to be addressed through multiple agency efforts, and by grant funding provided by Wake Forest University and Project Lazarus.
- As part of the Wake Forest University's grant process, there was a Substance Abuse Needs Assessment conducted in fall of 2014 and the spring of 2015, through the use of Survey Monkey, and by focus groups conducted in the county. We have included this information as an appendix to the 2016 Community Health Assessment, since this topic continues to be of concern.
- Our county is described as persistently poor by the United States Department of Agriculture (USDA) as 25% of the county's population is below the federal poverty levels, compared to 17.5% of North Carolina as a whole.
- The USDA has identified food deserts in our county (areas where there is limited access to fruits and vegetables), and has recognized that 20% of the county's population struggles to feed themselves and their families on a daily basis (USDA, 2015)
- County Health Rankings data from the Robert Woods Johnson Foundation and University of Wisconsin has ranked Columbus County 100 (last) in the state for health outcomes for the past six years in a row (2009-2015).
- There is still a lack of physical activity, eating healthier foods, and smoking among adults as reported in the 2015 Behavioral Risk Factor Surveillance Survey (BRFSS). These three health behaviors are self-reported among Columbus residents and negatively impact the health of residents.
- Focus group participants voiced that the economy is their biggest concern and they feel that the lack of economic opportunities (including employment) is one of the main reasons why our county continues to be ranked last in the state for health.
- The leading causes of death in order for Columbus County are: heart disease, cancer, stroke, unintentional injuries, Alzheimer's disease, chronic lower respiratory diseases, nephritis, motor vehicle injuries, diabetes, and assault. Assault and Alzheimer's were not on the list for leading causes of death in 2012.

We hope that residents will find the information contained in this document as a resource, and as a tool for change in our county. Furthermore, we are grateful to all residents who took their time to participate in this process.

Future Plans

Community Health Assessment (CHA) Document for Columbus County will be:

- Submitted to the NC Division of Public Health –March 2016

- Presented to Columbus County Board of Health, Board of Commissioners, and press – April-May 2016

- Disseminated to the local community – April-May 2016

Community Health Action Plans for Columbus County will be:

- Developed by the Assessment Team – April 2016

- Submitted to the NC Division of Public Health – September 2016

State of the County's Health Report (SOTCH) for Columbus County will be submitted:

- March 2017

- March 2018

- March 2019

Acknowledgments

We would like to thank the Health Assessment Task Force members and Healthy Columbus members. Without their contributions, this undertaking would be impossible.

Columbus County 2016 Community Health Assessment Task Force Members:

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Timothy Lance, Mt. Olive Missionary Baptist Church

Steven Worthington, Columbus County Sheriff's Office

Shawn Maynor, Town of Bolton

Julie Strickland, Columbus County Parks and Recreation

Darrell Trivette II, Chadbourn Police Department

Letter from the Health Director

It is my pleasure to present the 2016 Columbus County Community Health Assessment. I hope that this document will serve as a catalyst for change in our communities, especially since our county has been identified for last six years as the state's least healthy county.

I would also like to express my sincere gratitude to our community partners, and the role that they played as we planned for and collected information for the 2016 Community Health Assessment. Without these strong allies, our health assessment would not have been distributed and collected from all across our county. Their time and commitment is invaluable.

If you have questions about the health assessment, I encourage you to the health department at the number below.

In health,

Kim Smith

Kimberly L. Smith

Health Director

910-640-6615

Columbus County can be found a short distance from the Atlantic Ocean, in the fertile lowlands of the coastal plain. This 959 square-mile expense of land occupies one of the most Southeastern sections of the state. The South Carolina state line borders Columbus County, with Brunswick County to the east and Robeson County to the west. Bladen and Pender counties bound Columbus County on the north.

The land and its heritage have been shaped by many geographical features. Lake Waccamaw, the largest natural lake from New York to Florida, was the site of Indian habitation long before white men arrived. The Waccamaw River, which flows from Lake Waccamaw, has linked the most southeastern section of the county to South Carolina and its coastal ports. The county's western limits are defined by the swift, dark waters of the Lumber River. A northeastern section of the county is compromised by the Cape Fear River. Access to the Cape Fear and port city of Wilmington has been a major factor in settlement and commercial development of the county. Before roads were constructed, the Cape Fear, Lumber, and Waccamaw Rivers were the main arteries which penetrated the dense woodlands of this area.

Columbus County is divided into the following towns:

- Bolton- The town of Bolton has a total area of 3.1 square miles, all of it land.

- Brunswick- The town of Brunswick has a total area of 0.4 square miles, all of it land.

- Cerro Gordo- The town of Cerro Gordo has a total area of 0.8 square miles, all of it land.

- Chadbourn- The city of Chadbourn was started in 1882 and incorporated in 1886. The first charter stipulated that there should be no legalized sale of whiskey in the town, and Chadbourn has the distinction of never having had liquor stores in it. Nicknamed the "Sunny South Colony" in the early 1900s, Chadbourn is home to the North Carolina Strawberry Festival, the longest-running agricultural festival in the state.

- Clarendon- The town of Clarendon has a land area of 38.1 square miles.

- Delco- The town of Delco is formerly known as Brinkley and Pershing. Delco is also the home of Acme Delco Middle School, Home of the Trojans.

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- Evergreen- The town of Evergreen has a land area of 3.86 square miles.

- Fair Bluff- Fair Bluff, nestled against the banks of the nationally recognized "Wild & Scenic" Lumber River, is home to the southeastern North Carolina Watermelon Festival. The Old Trading Post in Fair Bluff, probably the oldest building in Columbus County, stands on the banks of the Lumber River. Built in the late eighteenth century, people from Robeson, Bladen, and Columbus counties brought farm produce and naval goods to be sold or exchanged for other products.

- Hallsboro- The town of Hallsboro has a land area of 3.26 square miles. Hallsboro is also the home of Hallsboro Elementary and Hallsboro Middle School.

- Lake Waccamaw- From its sandy shorelines to its tree-lined natural areas, Lake Waccamaw offers peaceful surroundings, an intriguing natural history and fun in the sun. You can view one of the greatest geological mysteries of the eastern United States—the phenomenon of Carolina bays; it boasts rare plants such as the carnivorous Venus Flytrap and several animal species found nowhere else on earth, such as the Waccamaw Killifish.

- Nakina- Nakina is a small community that lies just North of the South Carolina - North Carolina border. It was until the 1990's best known for producing very high quality flue cured tobacco.

- Riegelwood- Riegelwood is the home of International Paper Mill. The mill supports civic and non-profit groups within a 50-mile radius of the mill.

- Tabor City- Tabor City is the southernmost town in Columbus County. Once known as the "Yam Capital of the World," Tabor City pays tribute to the area's sweet potato crop with the annual North Carolina Yam Festival.

- Whiteville- Whiteville holds the role as county seat. Whiteville was chartered in 1873 and is home to many historic sites and the Harvest Days Festival.

There are also nine unincorporated townships within Columbus County which include, Bogue, Bug Hill, Lees, Ransom, South Williams, Tatums, Welch Creek, Western Prong and Williams.

Explanation of Information and Appendices

The 2016 Community Health Assessment team chose the same questions as the 2012 Community Health Assessment in order to better compare data. However, over 800 surveys were collected in 2016 versus approximately 1200 in 2012. The team felt that even though the number of surveys distributed was lower, the data is still representative of the county's population. This will be described more in the next section, the "Community Health Survey Response" information.

A copy of the bilingual community health opinion survey is located in Appendix A.

Appendix B contains the Columbus County Health Databook.

Appendix C contains a Substance Abuse needs assessment that was conducted in 2014-2015 by the Columbus County Health Department, Columbus County Sheriff's Office, Chadbourn Police Department, and Tabor City Police Department.

Appendix D contains a report that was compiled in 2013 using GIS technology (by Holland Planning Consultants). This report is included because it contains health data and maps that can be used by residents to see where there are higher concentrations of chronic diseases, concentration of elderly population, proximity to grocery stores/food outlets, and proximity to parks and recreational facilities. There is also additional information that is contained.

Appendix E is a list of parks and recreational facilities in the county, as well as non-profit organizations (mainly faith organizations) that offer free group exercise sessions.

Appendix F contains resources in our county, including healthcare.

Primary Data- Questions and Responses from the Community Health Assessment Survey (results are combination of paper and pen surveys and Survey Monkey responses)

Question 1: In your opinion, what do most people die from in your Community?
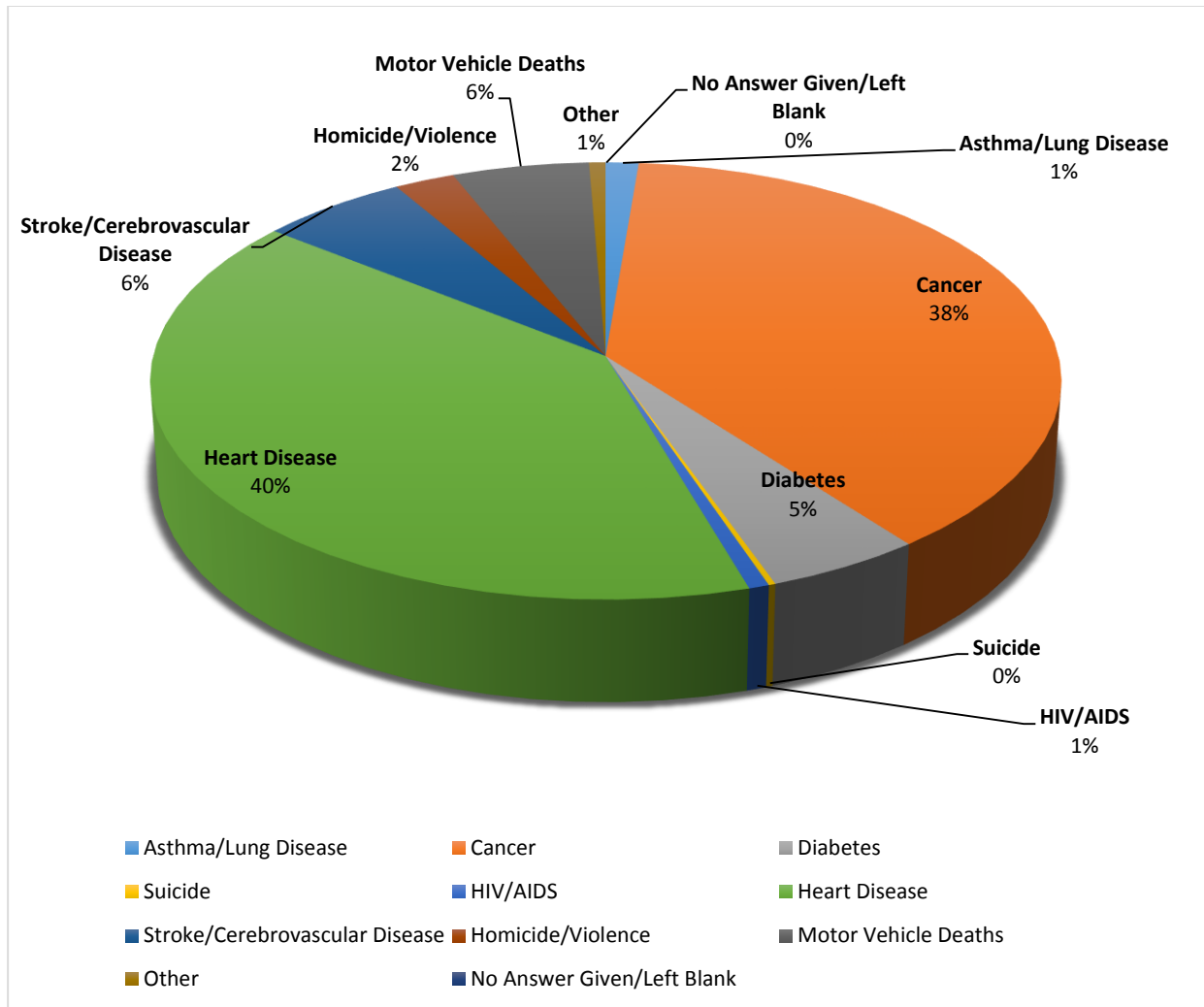
According to the community, Heart Disease (40%) and Cancer (38%) are the top two leading causes of death. Stroke/Cerebrovascular Disease and Motor Vehicle Deaths follow with 6% as well as Diabetes with 5%. 2% of the community chose Homicide/Violence while 1% felt HIV/AIDS, Asthma/Lung Disease, or other health issues were what people suffered from.

Using the same survey in 2012, we found that 43.1 % of people felt that heart disease was the leading cause of death, followed by cancer at 33.6%, and stroke at 8.22 % (caution; 865 surveys were collected in 2016 versus 1200 in 2012).

Question 2: In your opinion, what is the biggest health issue of concern in your community? (Check only one)
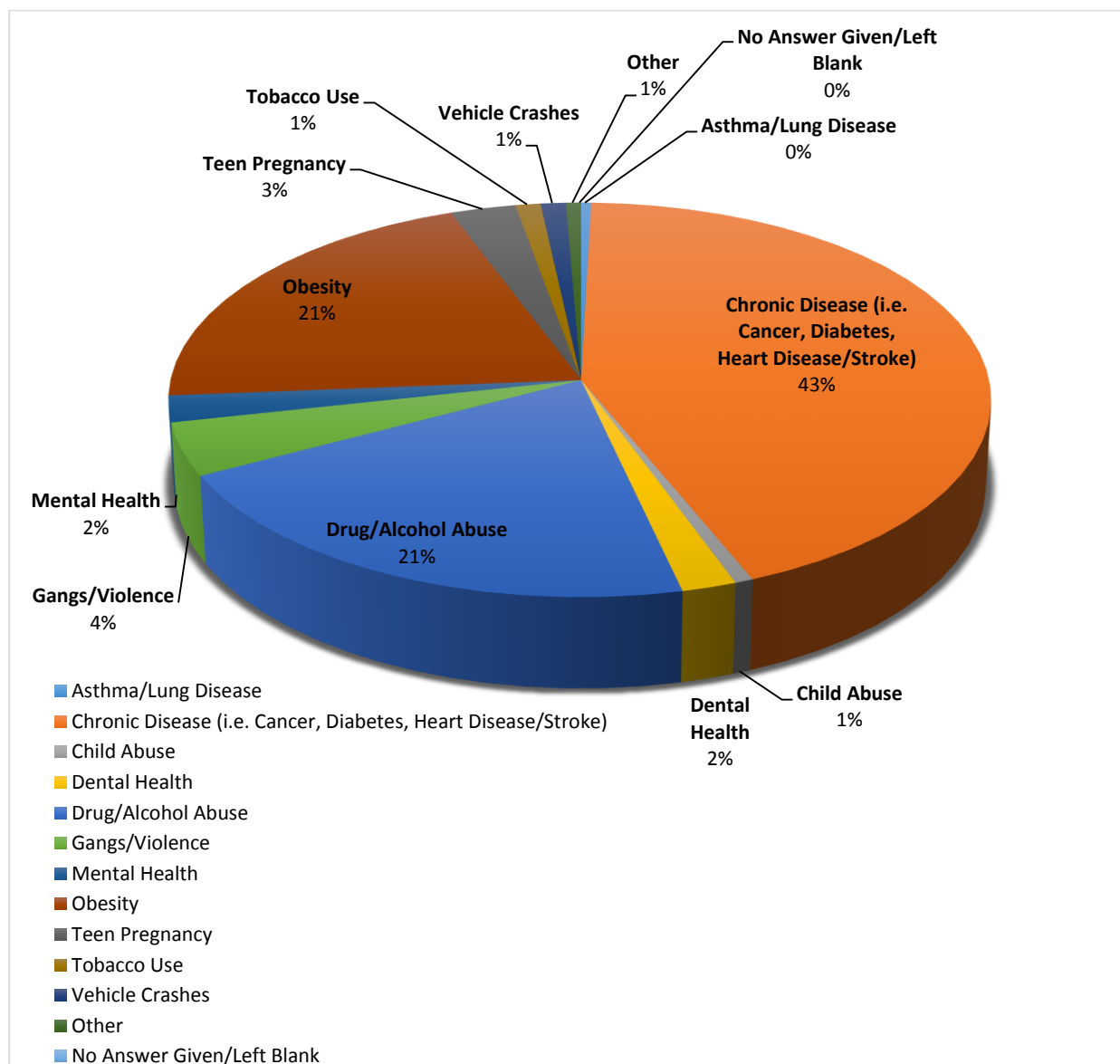
The above graph illustrates the number and percentage of the population surveyed who feel that the stated issues are the biggest health concerns in their community. According to the community, Chronic Disease (i.e. Cancer, Diabetes, and Heart Disease/Stroke) is the most concerning health issue with 43%. Drug/Alcohol Abuse and Obesity are the next biggest health issue of concern with 21%. 4% of the community feels Gangs/Violence is the biggest health issue of concern while 3% feel it is Teen Pregnancy. 2% of the community feel Dental Health and Mental Health are the biggest concerning health issues while 1% feels Child Abuse, Tobacco Use, Vehicle Crashes, or other health issues are the biggest concerns. This is similar to 2012 results when 46% of people cited chronic diseases as the biggest issue, followed by drug and alcohol abuse, at 21.3% and obesity at 12.5%.

Question 3: In your opinion, what do you think is the main reason that keeps people in your community from seeking medical treatment? (Check only one)
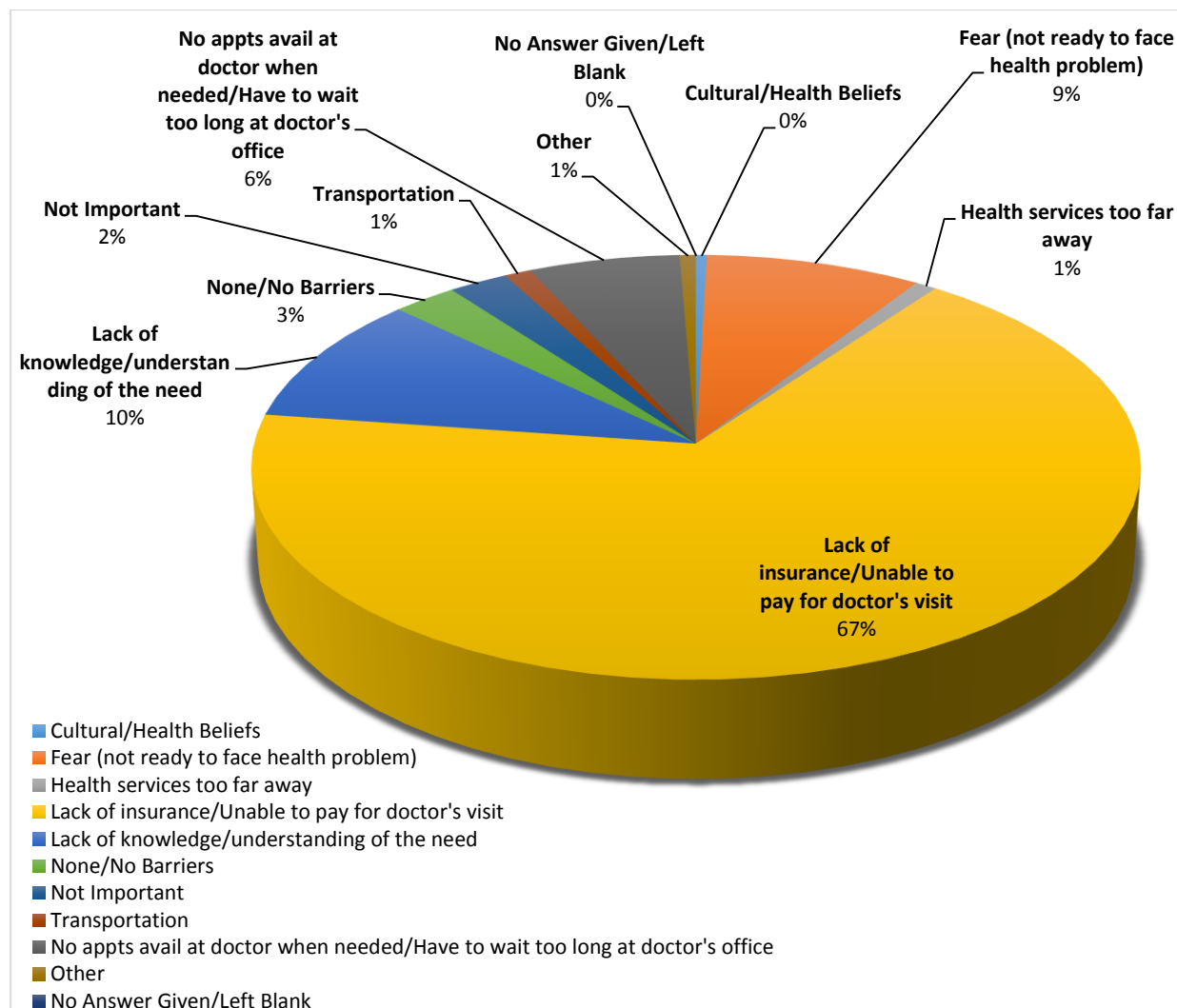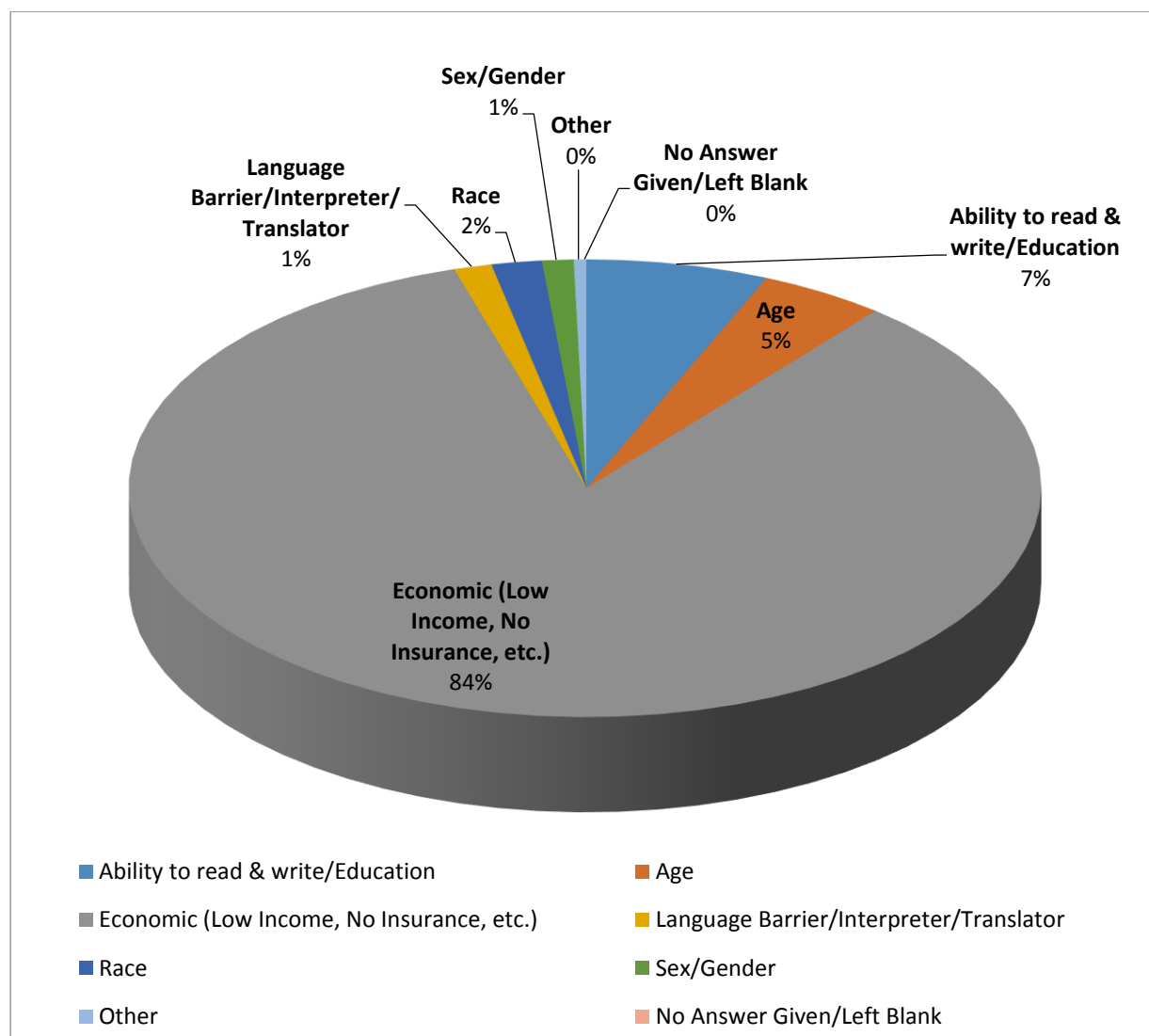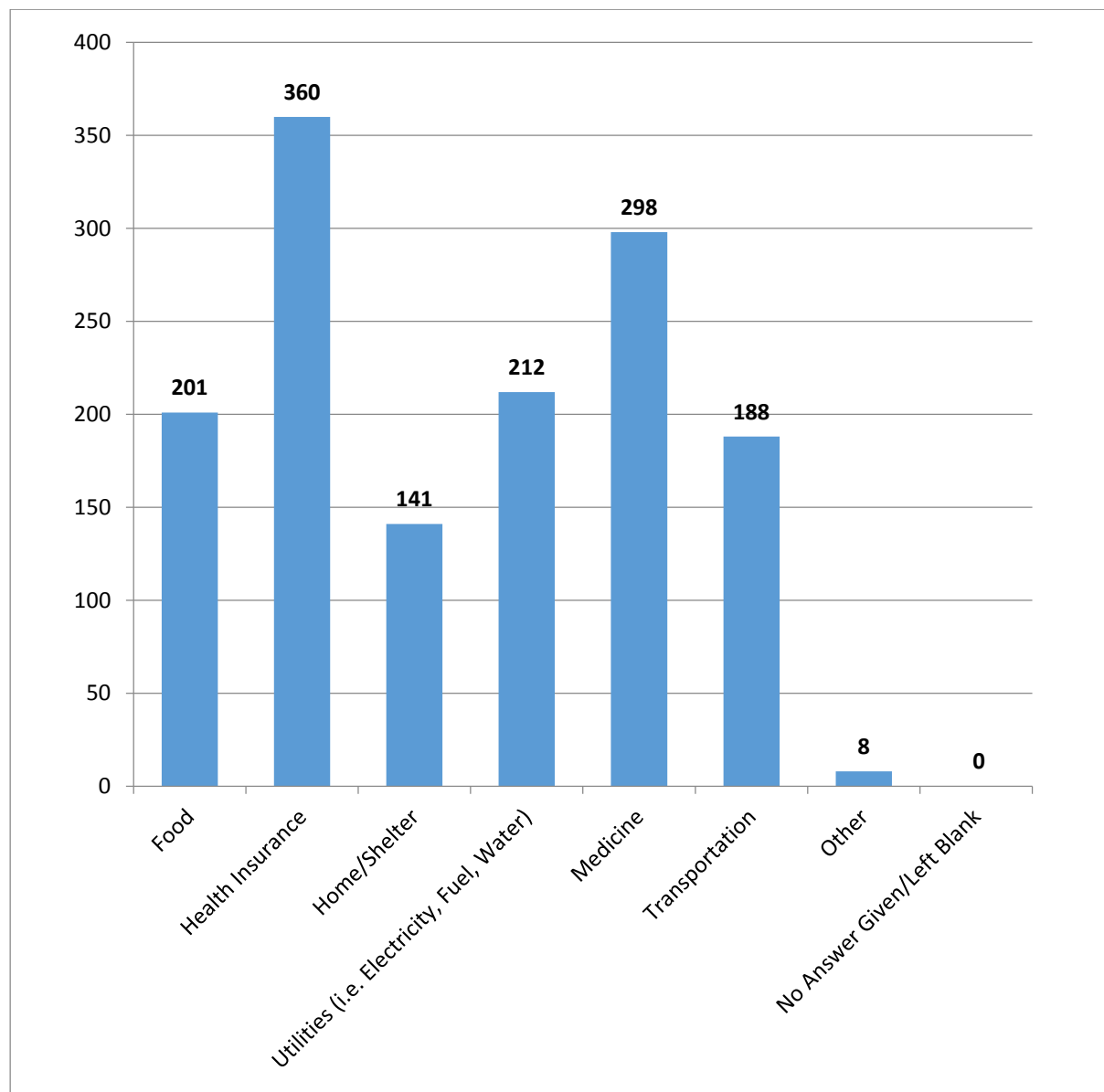

The above graph illustrates the number and percentage of the population surveyed who feel that the stated issues are the main reasons people in the community do not seek medical treatment. According to the community, 67% feel Lack of insurance/Unable to pay for doctor's visit is the main reason keeping people in the community from seeking medical treatment. 10% of the community feels Lack of knowledge/Understanding of the need is the main reason, while 9% of the community feels it is Fear (not ready to face health problem) that keeps people from seeking medical treatment. 6% of the community feel No appointments available at doctor when needed/Have to wait too long at doctor's office is the main reason that keeps people from seeking medical treatment. 3% of the community said None/No Barriers while 2% feel it is Not Important. 1% of the community feel Health services are too far away, transportation, or other reasons are what keep people from seeking medical treatment. In 2012, 66% residents reported that lack of insurance was the main reason that kept people from accessing health care.

Question 4: Which factor do you feel most affects the quality of the health care you or people in your community receive? (Check only one)


84% of residents cited that economic factors are what affects people's quality of life, followed by education/the ability to read at 7 %. In 2012, 75% reported economic reasons affecting people's quality of life, followed by education at 8%.

Question 5: In your opinion, do you feel people in your community lack the funds for any of the following: (Check all that apply)

The above graph illustrates the number and percentage of the population surveyed who feel that people in their community lack the funds for the stated resources. According to the community, 360(n=860) or 41% of those surveyed reported they feel people in their community lack the funds for Health Insurance, and 298 feel people in their community lack funds for medicine(33%). 212 of those surveyed feel people in their community lack funds for Utilities (i.e. Electricity, Fuel, Water), and 201 feel people in their community lack funds for Food. 188 of those surveyed feel people in their community lack funds for Transportation and 141 feel people lack funds for Home/Shelter. 8 of those surveyed feel people in their community lack funds for other resources. In 2012, 26% of residents reported that health insurance was the first reason that people had the lack of funds.

Question 6: How do you rate your own health? (Check only one)
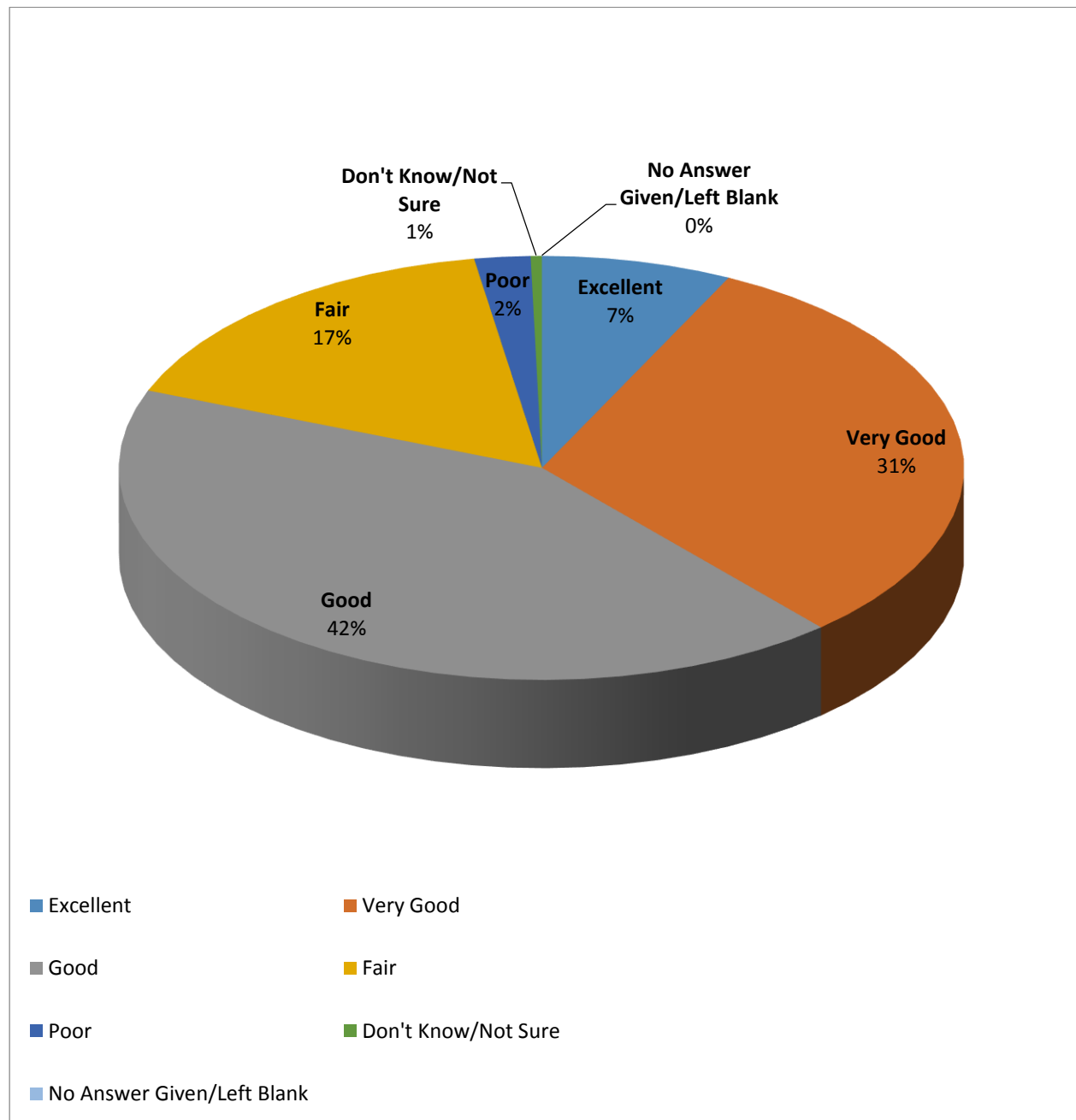
The graph above shows the number and percentage of the population surveyed who rated their personal health. As shown, 42% of the community rated their personal health as good. 31% of the community rated their personal health as very good while 17% rated their personal health as fair. 7% of the community rated their personal health as excellent while 2% rated their personal health as Poor. 1% answered Don't Know/Not Sure. In 2012, 38% reported their health as good, followed by very good at 31%.

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Question 7: What does your community need to improve the health of your family, friends, and neighbors? (Check all that apply)
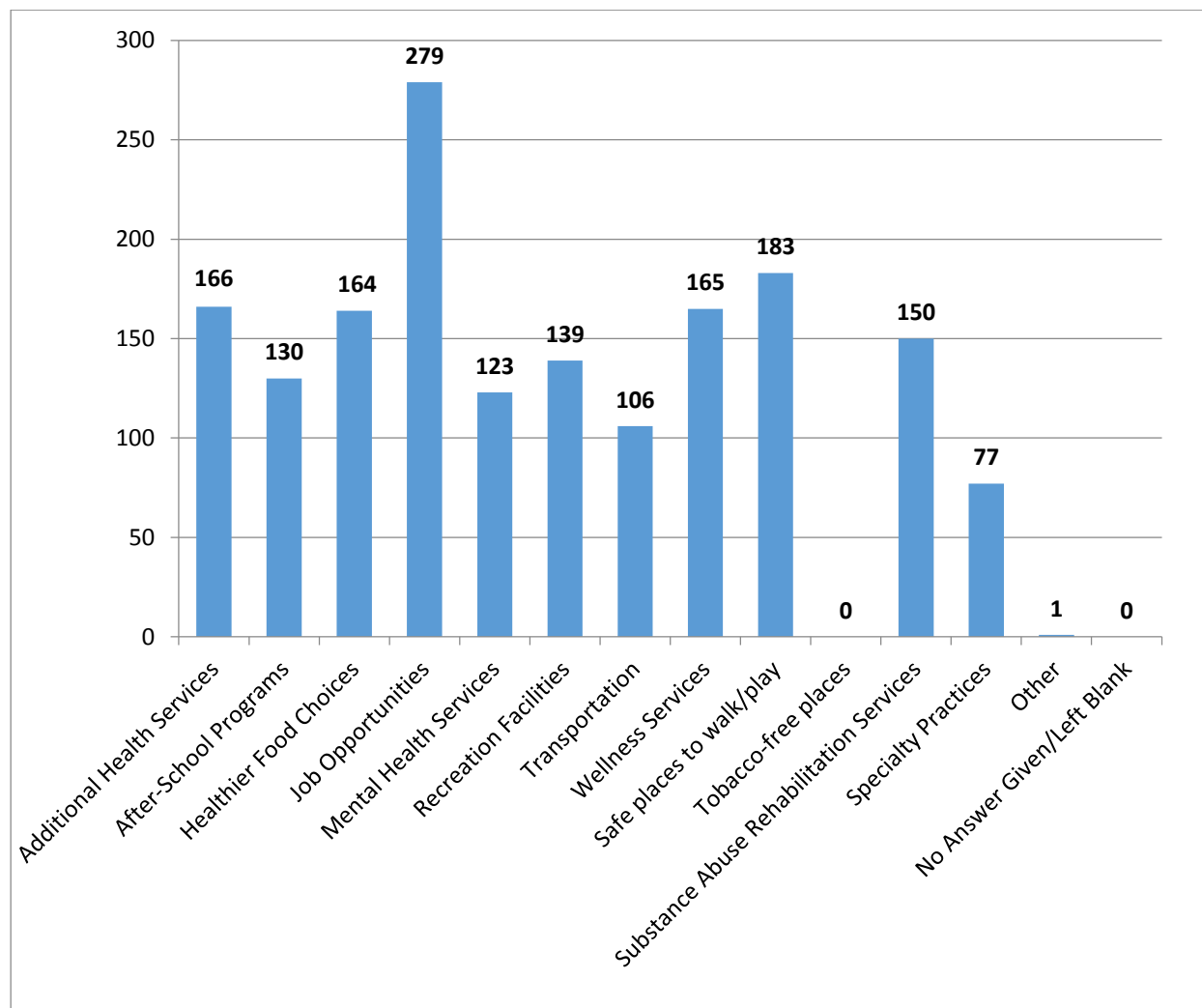
The graph above shows the percentage of those surveyed who feel that the stated resources are needed to improve the health of their family, friends, and neighbors. 279(32%) of those surveyed feel job opportunities are needed and 183 feel safe places to walk/play are needed to improve the health of the community. 166 of those surveyed feel Additional health services are needed, 165 feel wellness services are needed, and 164 feel healthier food choices are needed to improve the health of their family, friends, and neighbors. 150 of those surveyed feel substance abuse rehabilitation services are needed and 139 feel recreation facilities are needed to improve the health of the community. 130 of those surveyed feel after-school programs are needed, 123 feel mental health services are needed, and 106 feel transportation is needed to improve the health of the community. 77 of those surveyed feel specialty practices are needed. In 2012, 18% cited job opportunities as most needed to improve health of family, friends, and neighbors.

Question 8: What health screenings or education/information services are needed in your community? (Check all that apply)
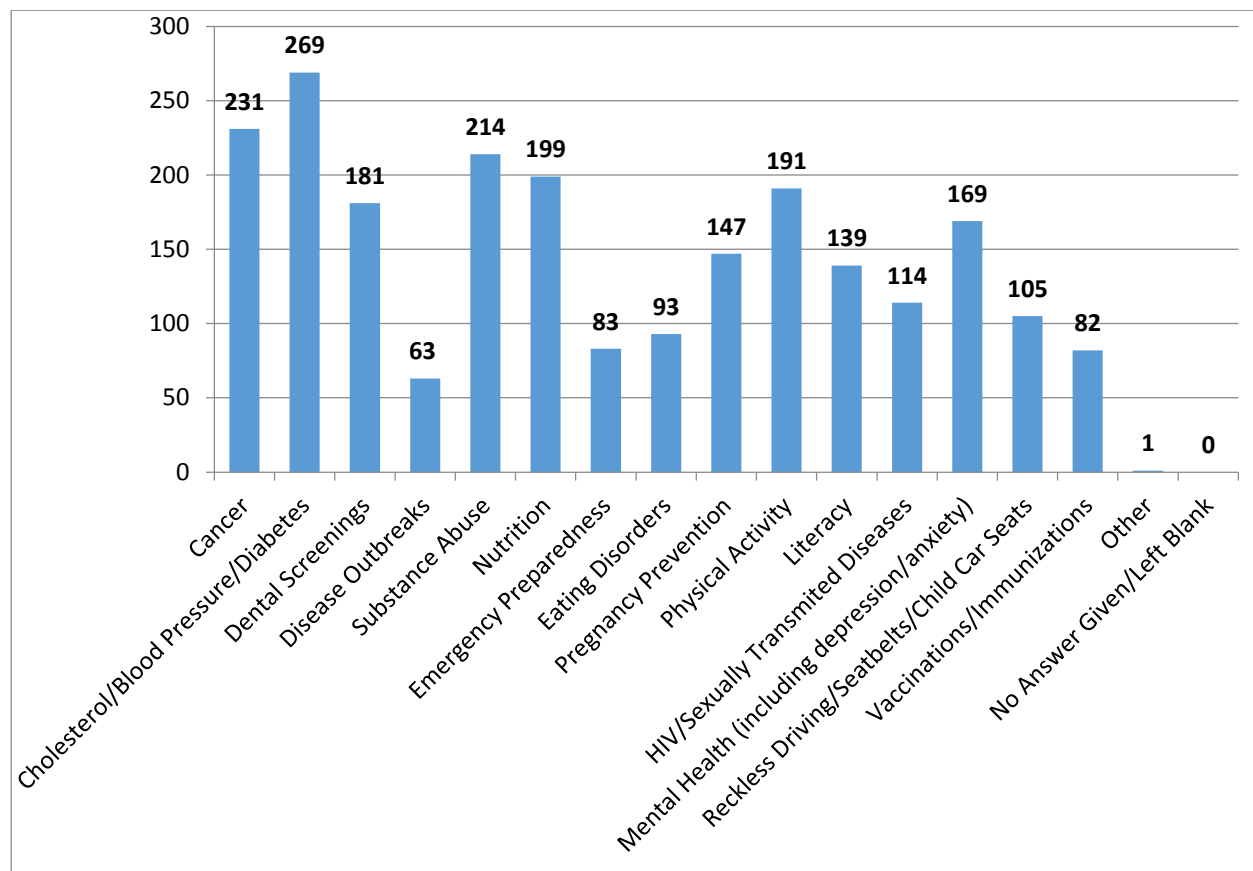
The graph above shows the number and percentage of the population surveyed who feel that the stated health screenings or educational/informational services are needed in their community. 269 of those surveyed feel cholesterol/blood pressure/diabetes health screenings or educational/informational services are needed in their community (31%). 231(27%) of those surveyed feel cancer and 214 feel substance abuse health screenings or educational/informational services are needed in their community. 199 of those surveyed feel nutrition and 191 feel physical activity health screenings or educational/informational services are needed in their community. 181 feel dental screenings are needed in their community and 169 feel mental health screenings or educational/informational services are needed in their community. 147 of those surveyed feel teen pregnancy prevention programs are needed, followed by literacy (139) and HIV/Sexually Transmitted Diseases (114). 105 of those surveyed feel reckless driving/seatbelts/child car seats educational/informational services are needed in their community and 93 feel eating disorder health screenings or educational/informational services are needed. 83 of those surveyed feel emergency preparedness educational/informational services are needed in their community. Vaccinations (82) followed by disease outbreak screenings (63) were the reported by residents as least needed in their community. In 2012, 11 % of respondents felt that cholesterol/blood pressure/diabetes screenings were needed, followed by cancer at 10%.

Question 9: Where do you and your family get most of your health information? (Check all that apply)
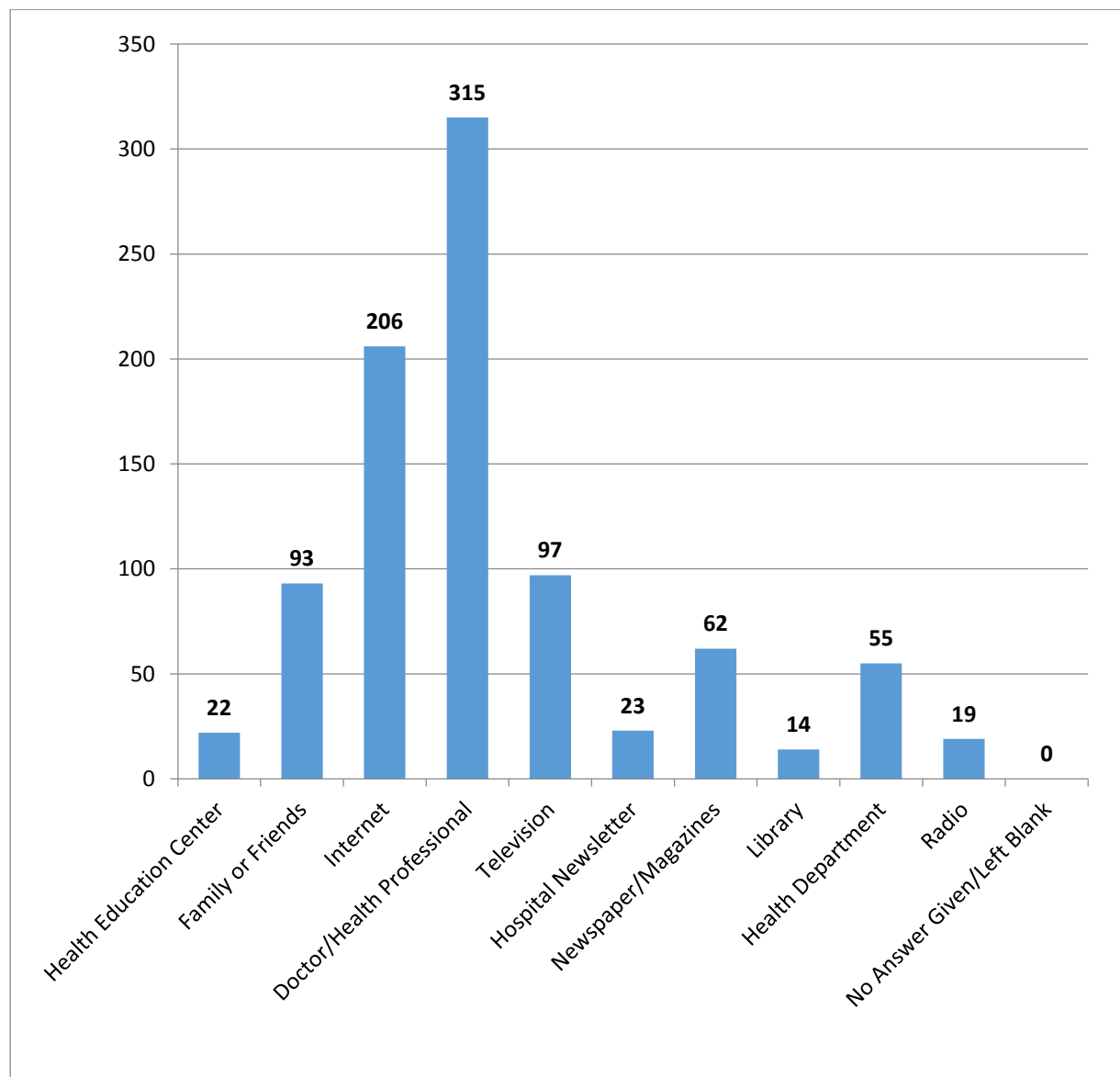
Of those surveyed, 315(37%) get most of their health information from doctors/health professionals. 206 of those surveyed get their health information from the internet (24%). 97 of those surveyed get most of their health information from television and 93 get their information from family or friends. 62 of those surveyed get their health information from newspaper/magazines, 55 get their information from the health department, 23 get their information from the hospital newsletter, and 22 get their health information from the health education center. 19 of those surveyed get their health information from the Radio and 14 get their information from the library. In 2012, 32% reported receiving their information from a doctor, while 18 % indicated the internet.

Question 10: Does your family have a basic emergency supply kit? (These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlights and batteries, non-electric can opener, blankets, etc.)
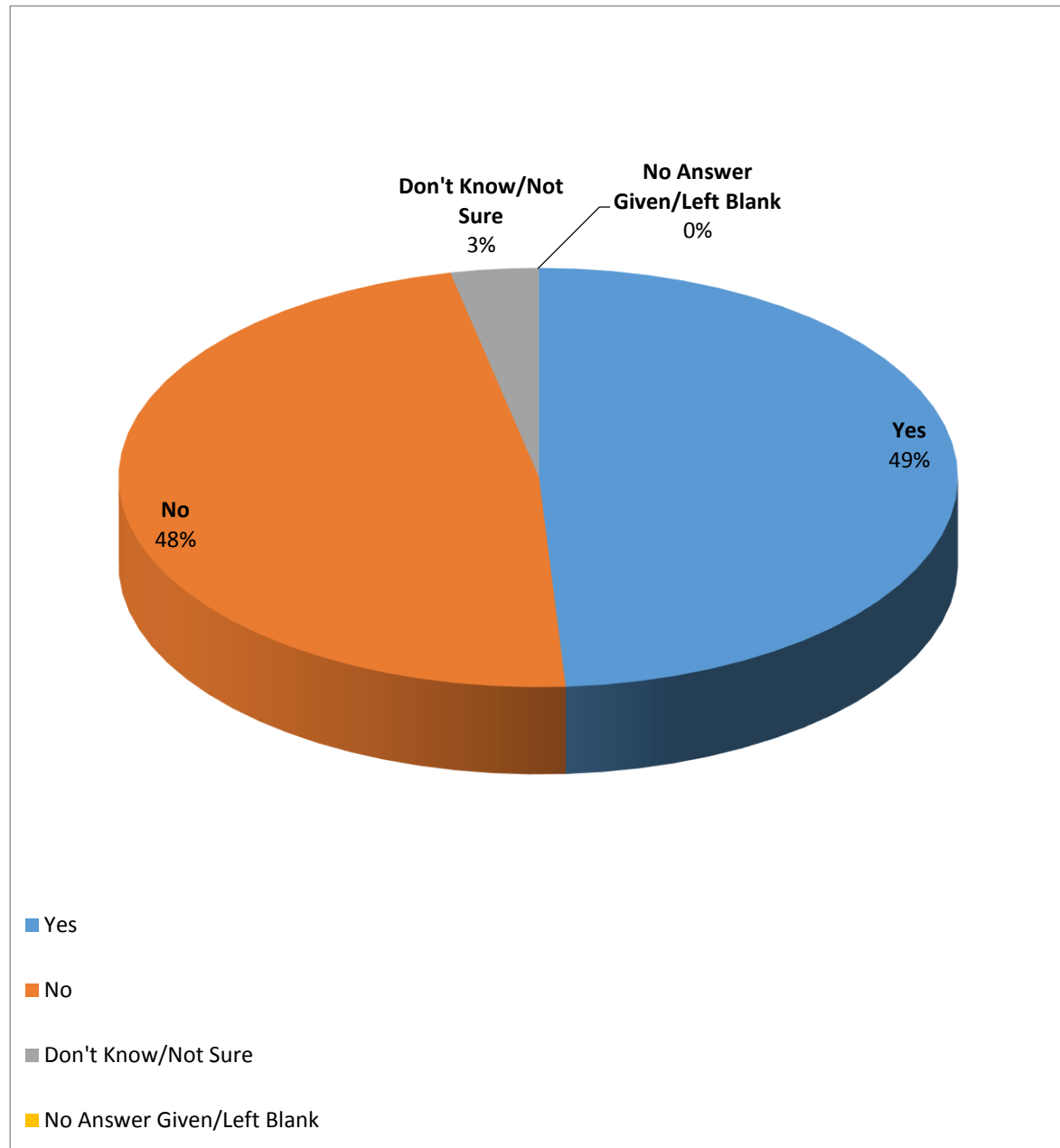
The graph above shows the percentage of the population surveyed that indicated whether their families have a basic emergency supply kit. Of those surveyed, 49% said yes and 48% said no. 3% of those surveyed reported don't know/not sure. In 2012, 49% surveyed that they had a basic emergency supply kit.

Question 11: What would be your main way of getting information from authorities in a large-scale disaster or emergency? (Check only one)
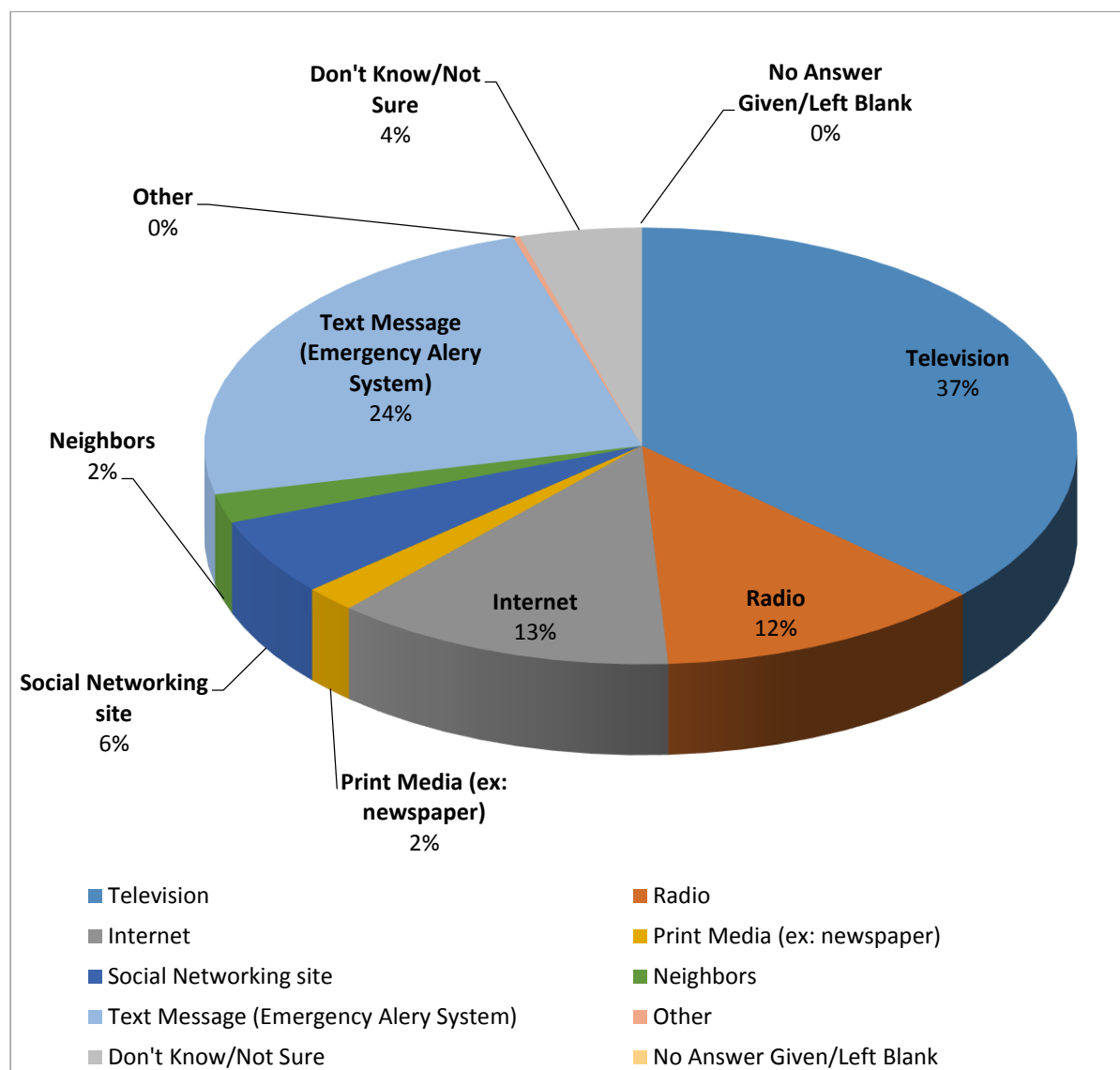
The graph above shows the number and percentage of the population surveyed that indicated the primary means of obtaining information from authorities in a large-scale disaster or emergency will be from the stated resources; 37% of those surveyed will obtain information from authorities from the television, 24% will obtain information from text message (Emergency Alert System), 13% will obtain information from the Internet, and 12 % will obtain information from the Radio. Of those surveyed, 6% will obtain information from authorities through social networking site, 4% said they were did not know/unsure of how they will obtain information, and 2% said they will obtain information from neighbors or print media (ex: newspaper). In 2012, 42 % reported that they would obtain information from TV, followed by radio at 22% and text messaging at 10%.

Question 12: If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate? (Check only one)
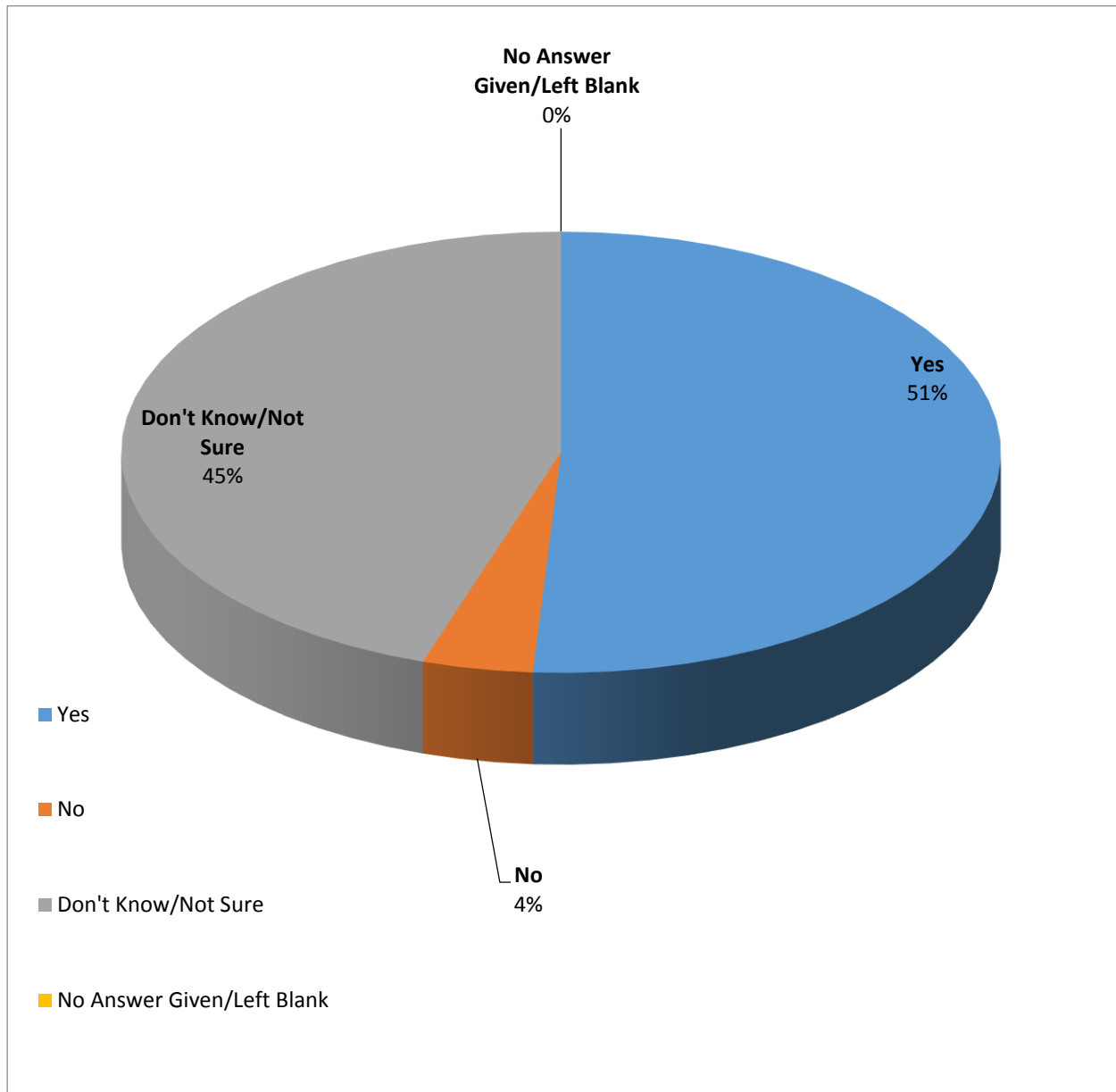
The graph above shows the percentage of the population surveyed who would be willing to evacuate from their neighborhood/community due to a mandatory evacuation ordered by public authorities during a large-scale disaster or emergency. Of those surveyed, 51% of the respondents indicated yes, they would evacuate. 45% of those surveyed indicated they did not know/not sure if they would evacuate from their neighborhood/community, while 4% indicated that they would not evacuate. In 2012, 74% responded that they would evacuate, followed by not sure at 16%.

Question 13: What would be your main reason you might not evacuate if asked to do so? (Check only one)

What would be your main reason you might not evacuate if asked to do so? (Check only one)

0%
2% 0%
11%
4%
0%
4%
9%
9%
2%
13%
43%
3%

- Not applicable, I would evacuate
- Lack of trust in public officals
- Concern about leaving property behind
- Concern about personal safety
- Concern about family safety
- Concern about leaving pets
- Text Message (Emergency Alery System)
- Concern about traffic jams and inability to get out
- Lack of Transportation
- Health problems (could not be moved)
- Other
- Don't Know/Not Sure
- No Answer Given/Left Blank

The graph above shows the percentage of the population surveyed that indicated what reason might cause them to not evacuate if public authorities announced a mandatory evacuation from their neighborhood or community due to a large-scale disaster or emergency. Of those surveyed, 43% of the respondents indicated it is not applicable, they would evacuate. 13% of those surveyed would not evacuate due to concern about leaving property behind, 11% don't know/not sure if they would evacuate, and 9% of the respondents would not evacuate due to concern about family safety or concern about leaving pets. 4% of respondents indicated they would not evacuate due to concern about traffic jams and inability to get out or due to lack of transportation. 2012 results indicated that 40% of persons would evacuate.

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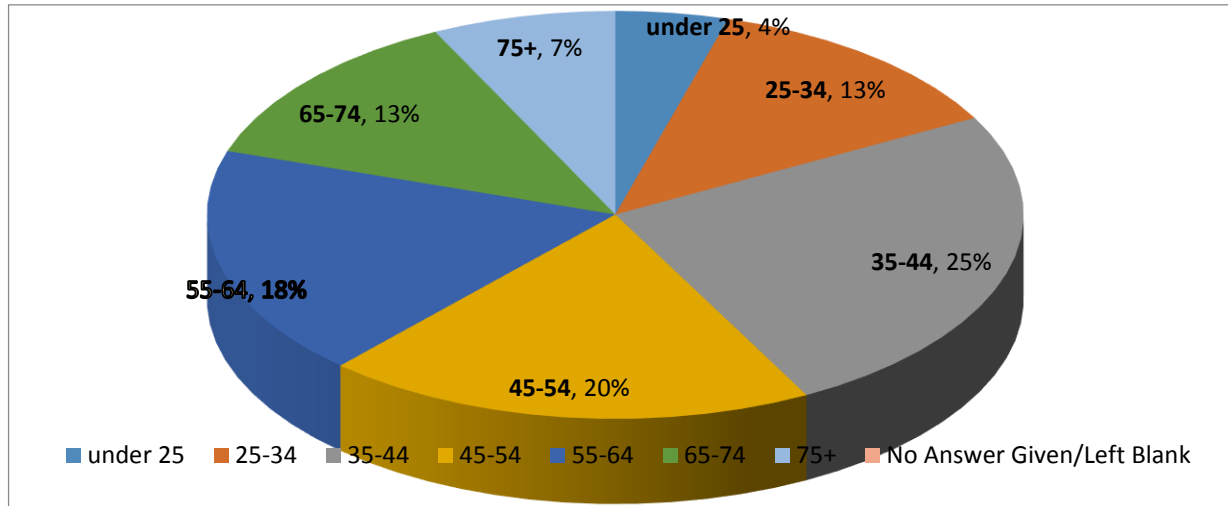
Respondents Age

The above graph shows the percentages of respondent's age. 25% of those surveyed are 35-44 years of age, 20% of those surveyed are 45-54 years of age, and 18% of those surveyed are 55-64 years of age. 13% of respondents are 65-74 or 25-34 years of age. 7% of respondents are 75+ years of age and 4% of respondents are under 25 years of age.   Our county's population is comprised of 54.5% of people ages 18-64, and 80% of surveys were collected from these age ranges combined.
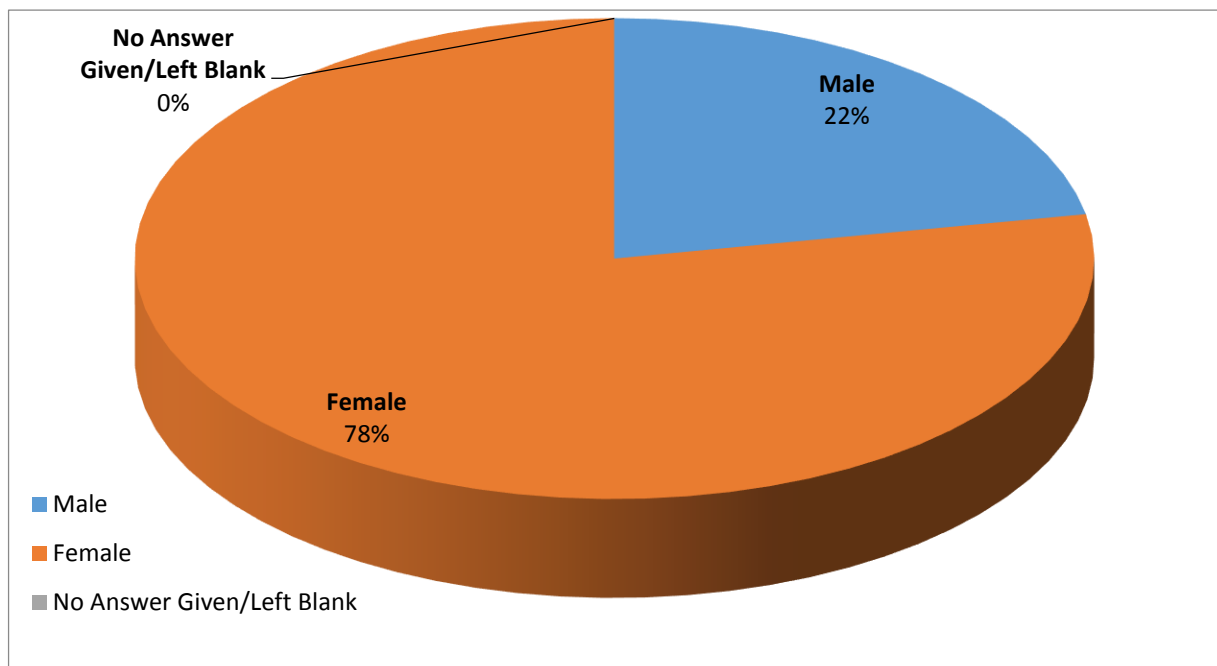
The majority of survey responses were females.

Respondents Race

Pacific Islander
0%

Native American/Alaskan Native
3%

Asian
0%

Other
1%

No Answer Given/Left Blank
0%

Black/African American
24%

White/Caucasian
72%

- White/Caucasian
- Black/African American
- Native American/Alaskan Native
- Asian
- Pacific Islander
- Other
- No Answer Given/Left Blank
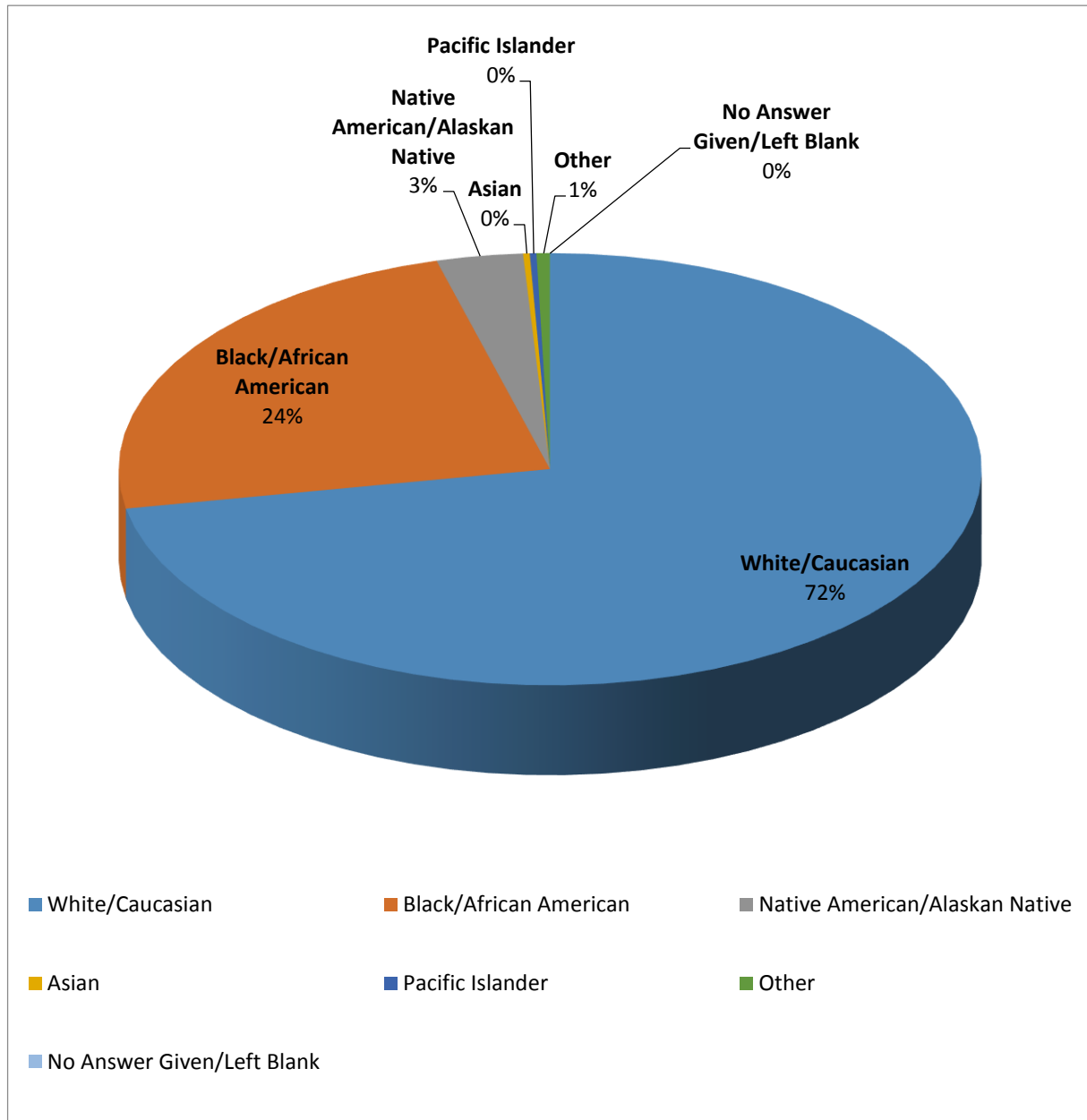
The above graph shows respondents race. 72% of those surveyed are White/Caucasian, 24% are Black/African American, 3% are Native American/Alaskan Native, and 1% chose other. Please see secondary data for the county's racial make-up (64% are White, 30% are African American, and 5% are Hispanic /Latino, and 3% are Native American/Alaskan).

Are you Hispanic, Latino, or Spanish origin?

No, 90%

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- Yes
- No
- No Answer Given/Left Blank
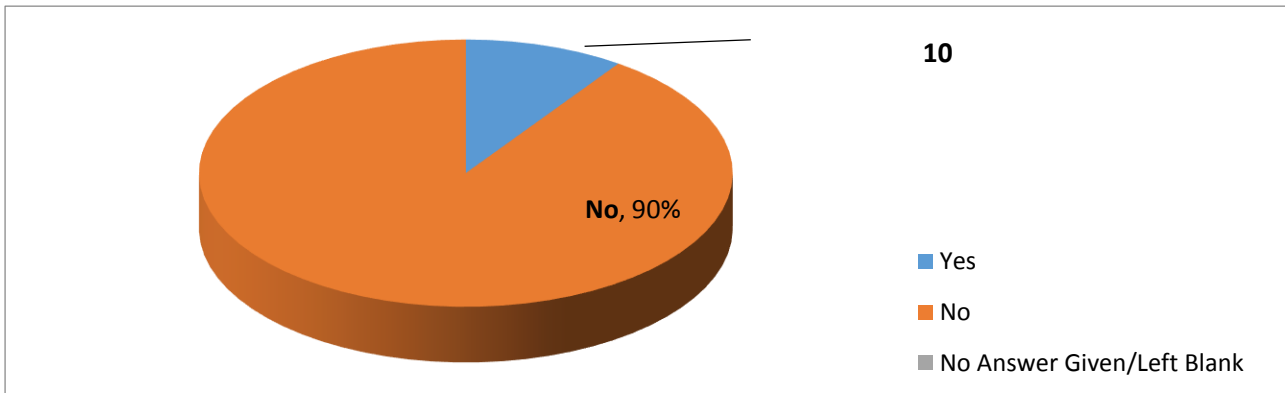
Location	# of Surveys Distributed and Returned
Bolton	75/35
Brunswick	50/25
Cerro Gordo	50/15
Chadbourn	100/50
Clarendon	80/40
Delco	100/50
Evergreen	80/40
Fair Bluff	70/35
Hallsboro	50/25
Lake Waccamaw	150/75
Nakina	100/50
Riegelwood	100/50
Tabor City	300/150
Whiteville	500/250

When the Community Health Assessment team came together, we used the same number of surveys needed that we developed for the 2012 Community Health Assessment as a guide (the county's population from 2012 to 2016 has not increased significantly). Our goal was to distribute 10% of each town's population and to have a 5% return. We met this goal and the total number of surveys collected was 865 for the 2016 health assessment.

Whiteville, which is the county's seat, has the largest population compared to the other towns in the county, followed by Tabor City, and then Chadbourn.

When seeking care, what hospital do you visit first? (Check only one)

Scotland Healthcare System 0%

Sampson Regional Medical Center 0%

Pender Memorial Hospital 0%

New Hanover Regaional Medical Center 20%

Duplin General Hospital 0%

Dosher Memorial Hospital 0%

Southeastern Regional Medical Center 8%

No Answer Given/Left Blank 0%

Bladen County Hospital 2%

Cape Fear Hospital 1%

Other 4%

Columbus Regional Healthcare System 65%

Legend:
- Bladen County Hospital
- Cape Fear Hospital
- Columbus Regional Healthcare System
- Dosher Memorial Hospital
- Duplin General Hospital
- New Hanover Regaional Medical Center
- Pender Memorial Hospital
- Sampson Regional Medical Center
- Scotland Healthcare System
- Southeastern Regional Medical Center
- Other
- No Answer Given/Left Blank

Do you currently have Health Insurance?

In 2012, 76% reported that they had insurance coverage, and in 2016 85% reported that they had health insurance coverage.

No, but I did at an earlier time/previous job
3%

No
12%

No Answer Given/Left Blank
0%

Yes
85%

- Yes
- No
- No, but I did at an earlier time/previous job
- No Answer Given/Left Blank
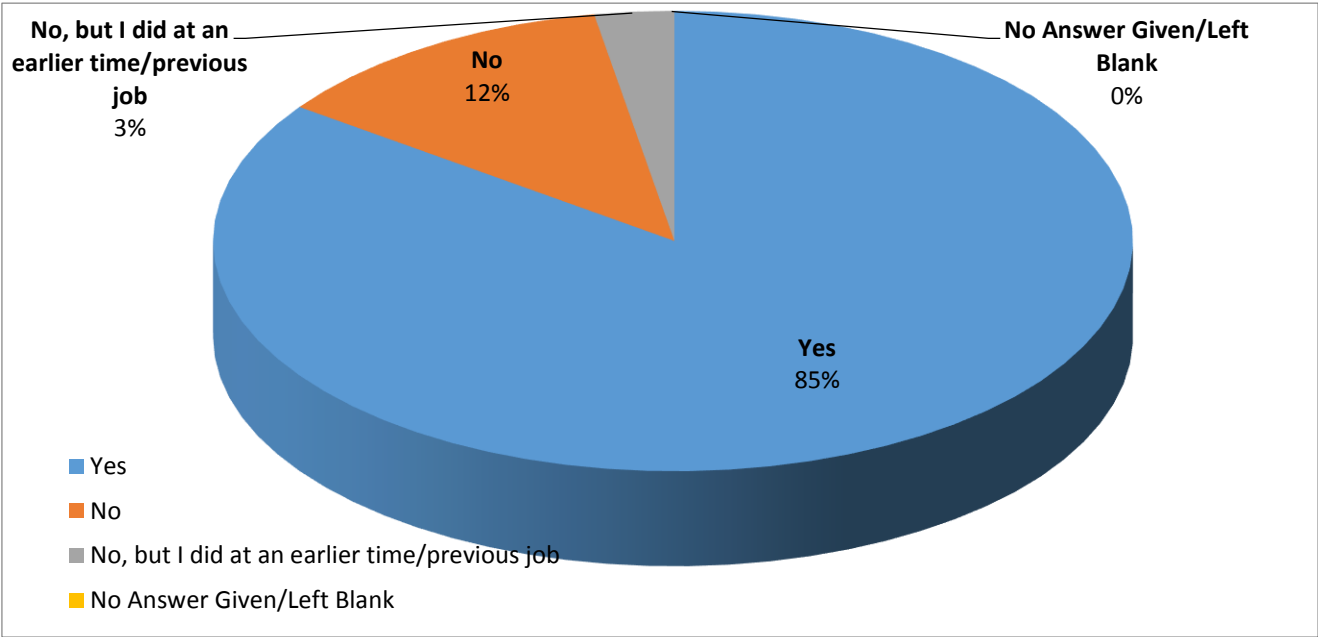
Focus Group Information

Focus groups were conducted in Chadbourn and Bolton, and at the December 2015 Board of Health/Board of Commissioner meeting). The responses are grouped and categorized together. Questions 5 and 6 were not posed to the Board of Health and Board of Commissioners, since our task force felt that these questions were better suited for those that were not in elected positions, or holding a position on a board(such as the Board of Health).

Focus Group Questions/Responses

1. What do you feel the county's biggest health concerns are?

Lack of economic opportunities/Lack of money/little or no income/ to get what is needed for health, people on drugs/substance abuse issues, diabetes, lack of education among residents of health; Chronic diseases (diabetes, heart disease), substance abuse, nutrition/healthy eating, lack of physical activity, teen pregnancy, poverty

2. What conditions/factors do you believe influence the health of our residents?
   No jobs (which equates to bad health), no education, lack of money required to buy healthier food,/ join gyms, young people selling and using drugs, prescription drug abuse, no in-county mental health/substance abuse rehabilitation services, poor Poverty, substance abuse, lack of jobs, changing traditions/adopting healthier habits (eating healthier, more physical activity)

3. What kinds of things would you like to see happen to improve the health of residents?
   More education provided, specialized physicians and better health clinics, better recreational facilities including walking trails, better nutrition (teaching residents how to eat healthier, growing their own gardens, growing school gardens), programs for young people/mentoring programs, Wellness center, more jobs, increase in the number of residents who have health insurance, access /creation of physical activity facilities

4. What do you and others do to stay healthy?
   Go to the doctor, exercise, eating healthier foods (less sugar, less calories), eating healthier, physical activity, compliance with healthcare advice and getting regular health check-ups, following state laws such as seatbelts, motorcycle helmets

5. Do you feel that Columbus County Health Department hours of operation are based on community need?
   Hours are fine/ok, WIC (Women Infants, Children) hours be extended, possibly extend an hour or two during week in evenings to accommodate those who work later hours, offer appointments at later times if needed/requested by customers

6. How can we improve health services?
   Cut greeting on phone/make it shorter, educate residents about all the services the health department offers, update website to be more user friendly

To summarize, most people in the focus groups felt that the county's economic conditions influence health of the county because people lack the funding for health care/insurance, and because they cannot afford healthier foods, or have the ability to pay for physical activity/fitness centers. In addition, a large majority of the participants discussed the county's youth and lack of programming and/or services that could accommodate youth. Substance abuse was mentioned several times in both focus groups, and residents voiced that it seems like substance abuse is becoming more severe in the county. Most of the residents felt that the health department's hours were adequate, but they felt that the services we offered were not advertised enough, and that the information on our website needed to be updated and easier to navigate. Another frustration voiced several times was the difficulty in reaching the health department, as some voiced that the phone system was difficult to use.

Secondary Data*** Please also refer to "Databook Appendix" for additional secondary data
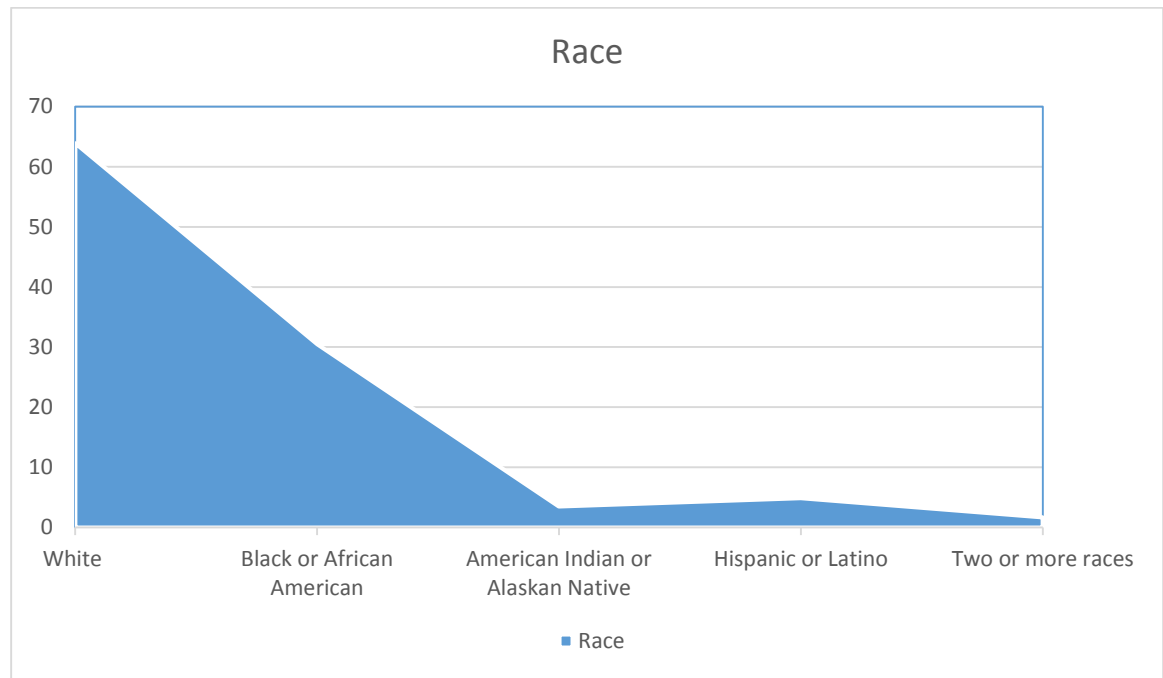
Demographic Data

Columbus County, NC Census Data

2014 Population= 56, 953

- Persons under 5= 5.5%
- Persons under 18= 22.3%
- Persons 65 and older= 22.3%

Columbus County Racial Data (in percentages)

Persons below poverty level, 2009-2013= 26.9 % (in 2000 the US Census reported that 18% of residents were below the federal poverty level
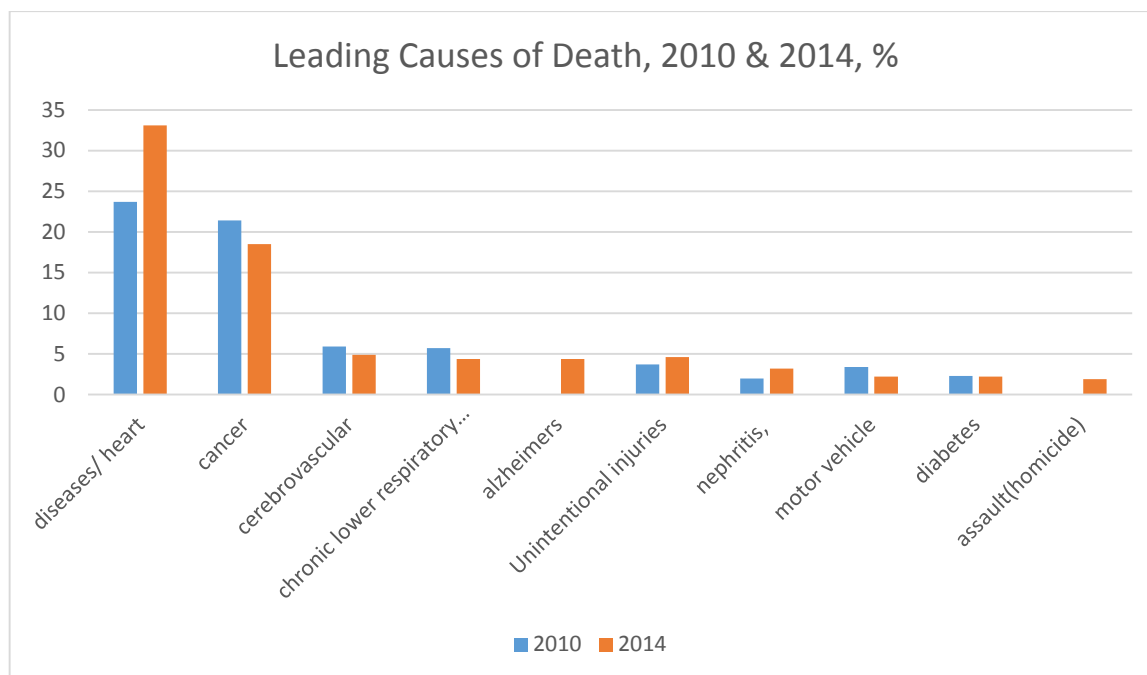
Columbus County Leading Causes of Death, 2014

Rank	Cause	Number	%
1	Diseases of heart	224	33.1
2	Cancer	125	18.5
3	Cerebrovascular diseases	33	4.9
4	All other unintentional injuries	31	4.6
5	Alzheimer's disease	30	4.4
	Chronic lower respiratory diseases	30	4.4
7	Nephritis, nephrotic syndrome and nephrosis	22	3.2
8	Motor vehicle injuries	17	2.5
9	Diabetes mellitus	15	2.2
10	Assault (homicide)	13	1.9
	All other causes (Residual)	137	20.3
	Total Deaths -- All Causes	677	100

Leading Causes of Death in Columbus County, 2010

Rank	Cause	Number	%
1	Diseases of heart	165	23.7
2	Cancer	149	21.4
3	Cerebrovascular diseases	41	5.9
4	Chronic lower respiratory diseases	40	5.7
5	All other unintentional injuries	26	3.7
6	Motor vehicle injuries	24	3.4
7	Diabetes mellitus	16	2.3
8	Influenza and pneumonia	15	2.2
9	Nephritis, nephrotic syndrome and nephrosis	14	2.0
10	Septicemia	13	1.9
	All other causes (Residual)	193	27.8
	Total Deaths -- All Causes	696	100.0

Source: State Center for Health Statistics, North Carolina

When comparing the leading causes of death data for years 2010 through 2014, we see that there is an increase in the number of deaths caused by diseases of the heart, while there have been slight declines in deaths attributed to cancer and cerebrovascular disease(stroke). In addition, in 2010 the leading causes of death did NOT include Alzheimer's and assault (homicide), but did include septicemia and influenza and pneumonia.

Leading Causes of Death, 2010 & 2014, %

Categories (left to right): diseases/ heart, cancer, cerebrovascular, chronic lower respiratory…, alzheimers, Unintentional injuries, nephritis,, motor vehicle, diabetes, assault(homicide)

Legend: ■ 2010 ■ 2014

For additional Columbus County Health Data please see the "Databook Appendix"

Prevention and Health Promotion Needs and Resources

As evidenced by the 2016 Community Health Survey, we found that most residents desired wellness screenings that include blood pressure, glucose, cholesterol as well as cancer. Other services that were desired as indicated were substance abuse followed by nutrition and dental screenings. Respondents also indicated that job opportunities, safe places to walk and play, additional health services, wellness services, and healthier food choices are needed to improve the health of their family, friends, and neighbors.

As of press time of the Community Health Assessment, the Columbus County Health Department, along with the support and participation from community agencies, offers the following health promotion resources (* Indicates evidenced based programs, or programs that have been shown to be effective by researchers)

*Chronic Disease Self-Management Program (Stanford) - a program designed to help those with chronic conditions to improve management of their condition(s)

*Diabetes Self-Management Program (Stanford) - a program designed to help those with diabetes to improve management of their condition

*Diabetes Prevention Program (CDC) - a program designed for those who are "borderline" or who have diagnosed/identified as at risk for Type II Diabetes

*Eat Smart Move, More Weigh Less- a program designed to educate participants of how to make healthier food choices, and be more physically active

* Faithful Families- a program designed for faith based communities, with emphasis on heathier eating, physical activity, and policy or environmental changes that can promote better health among congregation members

* Teen Pregnancy Prevention- Making Proud Choices- a program designed for middle and high school youth which focuses on adolescent pregnancy prevention, as well as making better decisions to improve the health of youth

*Promoting better health through promotion of healthier food choices at corner stores including Hispanic/Latino stores

*Diabetes and High Blood pressure screenings

*Body Mass Index screenings

*Improving worksite health by the adoption of polices and environmental changes

Fit and Faith (a faith based program designed to reward congregation members for increasing their physical activity)

*Substance Abuse Prevention- working with community members and faith leaders to address substance abuse prevention through implementation of community watch programs, and providing financial support to increase patrol within neighborhoods; also with healthcare organizations to deter the prescribing of narcotics, including pain medications

The Columbus County Health Department also provides additional health education services, attendance at health fairs/community events, as requested by residents on other topics.

Some of our community partners are working to address HIV/STD screenings, infant mortality prevention/reduction, community screenings, diabetes management, establishing improved community parks, recreation facilities, improve community design to improve and construct new pathways for bicycling and walking, working with physicians to improve management of chronic conditions and reduce prescriptions for narcotics, and improving economic prosperity. Although this is not a complete listing and reflects community initiatives at press time, we encourage residents to call the Columbus County Health Department for more information.

Community Concerns, Priorities

After the completion of the Community Health Survey and collection of secondary data, the Columbus County Community Health Assessment Team determined the community's health priorities by a voting process, where members kept in mind that we needed to address the areas of health that we have the capacity to address and change. For example, residents reported that chronic conditions and obesity were concerns, and these two areas were addressed in our 2012 Community Health Assessment Action Plans. Substance Abuse Prevention was also selected because efforts to address this issue began in 2013, and we anticipate that we will continue the efforts that we have begun. We did not include economic concerns, because our group did not feel that they did not have the capacity to improve the county's overall economic prosperity.

The Community Health Assessment Action Plans are due to North Carolina Department of Health and Human Services in the fall of 2016, but we anticipate that we will have these developed and will have feedback from NCDHHS prior to this deadline.

Appendix A- Copy of the Community Health Survey

Columbus County Health Department

1. In your opinion, what do most people die from in your community? *(Check only one)*
    - ☐ Asthma/Lung Disease ☐ Cancer ☐ Diabetes ☐ Suicide
    - ☐ HIV/AIDS
    - ☐ Heart Disease ☐ Stroke/Cerebrovascular Disease ☐ Homicide/Violence ☐ Motor Vehicle Deaths

    - ☐ Other (please specify) _____

2. In your opinion, what is the biggest health issue of concern in your community? *(Check only one)*
    - ☐ Asthma/Lung Disease ☐ Chronic Disease (i.e. Cancer, Diabetes, Heart Disease/Stroke) ☐ Child Abuse
    - ☐ Dental Health ☐ Drug/Alcohol Abuse ☐ Gangs/Violence ☐ Mental Health ☐ Obesity
    - ☐ Teen Pregnancy ☐ Tobacco Use ☐ Vehicle Crashes ☐ Other (please specify)
    _____

3. In your opinion, what do you think is the main reason that keeps people in your community from seeking medical treatment?
    (Check only one)
    - ☐ Cultural/Health Beliefs ☐ Fear (not ready to face health problem) ☐ Health services too far away
    - ☐ Lack of insurance/Unable to pay for doctor's visit ☐ Lack of knowledge/understanding of the need

    - ☐ None/No Barriers ☐ Not Important ☐ Transportation
    - ☐ No appointments available at doctor when needed/Have to wait too long at doctor's office
    - ☐ Other (please specify) _____

4. Which factor do you feel most affects the quality of the health care you or people in your community receive? *(Check only one)*
    - ☐ Ability to read & write/Education ☐ Age ☐ Economic (Low Income, No Insurance, etc.)
    - ☐ Language Barrier/Interpreter/Translator ☐ Race ☐ Sex/Gender ☐ Other (please specify)
    _____

5. In your opinion, do you feel people in your community lack the funds for any of the following: *(Check all that apply)*

    - ☐ Food ☐ Health Insurance ☐ Home/Shelter ☐ Utilities (i.e. Electricity, Fuel, Water)
    - ☐ Medicine ☐ Transportation ☐ Other (please specify) _____

6. How do you rate your own health? *(Check only one)*
    - ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Don't Know/Not Sure

7. What does your community need to improve the health of your family, friends, and neighbors? *(Check all that apply)*

    - ☐ Additional Health Services Opportunities ☐ After-School Programs ☐ Healthier Food Choices ☐ Job
    - ☐ Mental Health Services Services ☐ Recreation Facilities ☐ Transportation ☐ Wellness
    - ☐ Safe places to walk/play ☐ Substance Abuse Rehabilitation Services
    - ☐ Specialty Physicians (Type? _____) ☐ Other (please specify)
    _____

8. What health screenings or education/information services are needed in your community? *(Check all that apply)*

    - ☐ Cancer ☐ Cholesterol/Blood Pressure/Diabetes ☐ Dental Screenings ☐ Disease Outbreaks ☐ Substance Abuse
    - ☐ Nutrition ☐ Emergency Preparedness ☐ Eating Disorders ☐ Pregnancy Prevention ☐ Physical Activity
    - ☐ Literacy ☐ HIV/Sexually Transmitted Diseases ☐ Mental Health (including depression/anxiety)

    - ☐ Reckless Driving/Seatbelts/Child Car Seats ☐ Vaccinations/Immunizations ☐ Other (please specify)
    _____

9. Where do you and your family get most of your health information? *(Check all that apply)*
☐ Health Education Center ☐ Family or Friends ☐ Internet ☐ Doctor/Health Professional ☐ Television
☐ Hospital Newsletter ☐ Newspaper/Magazines ☐ Library ☐ Health Department ☐ Radio

10. Does your family have a basic emergency supply kit? (These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlights and batteries, non-electric can opener, blanket, etc.) ☐ Yes ☐ No ☐ Don't Know/Not Sure

11. What would be your main way of getting information from authorities in a large-scale disaster or emergency? *(Check only one)*
☐ Television ☐ Radio ☐ Internet ☐ Print Media (ex: newspaper) ☐ Social Networking site
☐ Neighbors ☐ Text Message (Emergency Alert System) ☐ Other (describe) _____ ☐ Don't Know/Not Sure

12. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate? *(Check only one)* ☐ Yes ☐ No ☐ Don't Know/Not Sure

13. What would be the main reason you might **_not_** evacuate if asked to do so? *(Check only one)*
☐ Not applicable, I would evacuate ☐ Lack of trust in public officials ☐ Concern about leaving property behind
☐ Concern about personal safety ☐ Concern about family safety ☐ Concern about leaving pets
☐ Concern about traffic jams and inability to get out ☐ Lack of Transportation ☐ Health problems (could not be moved)
☐ Other (describe) _____ ☐ Don't Know/Not Sure

For Statistical Purposes Only, Please Complete the Following:

I am: ☐ Male ☐ Female.   My age is: ☐ under 25 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65-74 ☐ 75+

What is your zip code? _____

My race is: ☐ White/Caucasian ☐ Black/African American ☐ Native American/Alaskan Native ☐ Asian ☐ Pacific Islander ☐ Other _____

Are you of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No

If yes, are you ☐ Mexican, Mexican American, or Chicano ☐ Puerto Rican ☐ Cuban ☐ Other Hispanic or Latino (please specify) _____

Do you currently have Health Insurance? ☐ Yes ☐ No ☐ No, but did at an earlier time/previous job

I completed this survey in _____ County: ☐ Bladen ☐ Brunswick ☐ Columbus ☐ Duplin ☐ New Hanover ☐ Pender ☐ Robeson ☐ Sampson ☐ Scotland

Do you live or work in the county where you completed this survey? ☐ Both ☐ Live ☐ Work ☐ Neither

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When seeking care, what hospital do you visit first? *(Check only one)*
☐ Bladen County Hospital ☐ Cape Fear Hospital ☐ Columbus Regional Healthcare System
☐ Dosher Memorial Hospital ☐ Duplin General Hospital ☐ New Hanover Regional Medical Center
☐ Pender Memorial Hospital ☐ Sampson Regional Medical Center ☐ Scotland Healthcare System
☐ Southeastern Regional Medical Center
Zip Code_____ ☐Other _____

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1. En su opinion, de que muere la mayoria de las personas en su comunidad ? (Marca solo una)
☐ Asma/Enfermedad de los pulmones ☐ Cancer ☐ Diabetes ☐ Suicidio ☐ Virus del sida/SIDA ☐ Enfermedad del corazo
☐ Embolia/Enfermedad cerebrovascular ☐ Homicidio/Violencia ☐ Muertes por accidente de vehiculo
☐ Otra enfermedad (favor de especificar) _____

2. En su opinion, que es la preocupacion de salud mas grande en su comunidad ? (Marca solo una)
☐ Asma/Enfermedad de los pulmones ☐ Enfermedades cronicas (como cancer, diabetes, enfermedad del corazon/embolia) ☐ Abuso de ninos
☐ Salud Dental ☐ Abuso de drogas/Bebidas alcoholicas ☐ Bandas/Violencia ☐ Salud Mental ☐ Obesidad
☐ Embarazo de jovenes ☐ Uso de tabaco ☐ Accidentes de vehiculo ☐ Otra cosa (favor de

especificar) _____

3. En su opinion, que prohibe a las personas en su comunidad buscar tratamiento medico ? (Marca solo una)
  ☐ Creencias culturales/de salud ☐ Miedo (no estan listos para enfrentar sus problemas de salud) ☐ Los servicios de salud estan muy lejos
  ☐ Falta de seguro medico/no puede pagar la visita con el medico   ☐ Falta de conocimiento/entendimiento de la necesidad
  ☐ Nada/no hay obstaculos   ☐ No es importante   ☐ Falta de transporte
  ☐ No hay citas disponibles con el medico cuando las necesitan/Tienen que esperar mucho tiempo en la oficina del medico
  ☐ Otra razon (favor de especificar) _____

4. En su opinion, que factor incluido abajo afecta mas la calidad de los servicios medicos que recibe usted o las personas en su comunidad ?
  (Marca solo una)
  ☐ Capacidad de leer y escribir/educacion   ☐ Edad   ☐ Economico (falta de dinero o de seguro medico)
  ☐ Obstaculo de idioma/no interprete/no traductor   ☐ Raza   ☐ El sexo de la persona   ☐ Otra (favor de especificar) _____

5. En su opinion, piensa usted que las personas en su comunidad les faltan dinero para algunas de las siguentes cosas ?
  (Marca todas las cajas que aplican)
  ☐ Comida   ☐ Seguro de salud   ☐ Casa/Refugio   ☐ Empresas de servicios publicos (como electricidad, combustible, agua)
  ☐ Medicina   ☐ Transporte   ☐ Otra cosa (favor de especificar) _____

6. Como evaluaria usted su propia salud ?   (Marca solo una)
  ☐ Excelente   ☐ Muy bien   ☐ Bueno   ☐ Mediano   ☐ Pobre   ☐ Yo no se/No estoy seguro

7. Que necesita su comunidad para mejorar la salud de su familia, sus amigos, y sus vecinos ? (Marca todas las cajas que aplican)
  ☐ Mas servicios de salud ☐ Programas para ninos despues de la escuela ☐ Selecciones de comidas mas saludables   ☐ Oportunidades para trabajar
  ☐ Servicios de Salud Mental   ☐ Centros de Recreo   ☐ Transporte   ☐ Servicios de Bienestar
  ☐ Lugares seguros para caminar/jugar   ☐ Servicios de rehabilitacion para los que abusan de las substancias
  ☐ Especialistas medicos (que tipo ? _____)   ☐ Otra cosa (favor de especificar)_____

8. Que examenes de salud o educacion/servicios de informacion son necesitados en su comunidad ? (Marca todas las cajas que aplican)
  ☐ Cancer ☐ Colesterol/Presion arterial/Diabetes ☐ Examenes dentales ☐ Brote de enfermedad   ☐ Abuso de substancia (drogas o alcohol)
  ☐ Nutricion ☐ Preparacion para emergencias   ☐ Trastornos de comer ☐ Prevencion de embarazo   ☐Actividad fisica
  ☐ Alfabetizacion ☐ HIV/SIDA/Enfermemdades sexuales transmitidas   ☐ Salud mental (incluyendo depresion/ansiedad)
  ☐ Manejando sin cuidado/Cinturones de seguridad/Sillas de carros para ninos   ☐ Vacunaciones/Inmunizaciones ☐ Otro(favor de especificar):_____

9. De donde recibe usted y su familia la mayoria de su informacion de salud ? (Marca todas las cajas que aplican)
  ☐ Centro de educacion de salud   ☐ Familia o Amigos   ☐ Internet   ☐ Medico/Profesional de salud
  ☐ Television
  ☐ Boletin informativo del hospital   ☐ Periodico/Revistas   ☐ Biblioteca   ☐ Departamento de Salud
  ☐ Radio

10. Tiene su familia un botiquin basico de provisiones para emergencias ? (Estos botinquines incluyen agua, comida no perecedera, sus
    medicinas y recetas necesarias, provisiones de primeros auxilios, linternas y pilas, abrelatas no electricas, cobijas, y mas)
  ☐ Si   ☐ No   ☐ No se/No estoy seguro

11. Que seria su manera principal de conseguir informacion de las autoridades en un desastre de gran escala o en una emergencia ?
  (Marca solo una)
  ☐ Television ☐ Radio ☐ Internet ☐ Medios imprimidos de comunicacion (como el periodico)   ☐ Sitio de red social y comunicaciones
  ☐ Vecinos   ☐ Mensajes de textos (Sistema de alertas para emergencias) ☐ Otra: (describela)_____   ☐ No

40

se/No estoy seguro

12. Si las autoridades publicas anunciaron una evacuacion obligatoria de su vecindario o comunidad por desastre de gran escala o de una
    emergencia, evacuaria usted ?   (Marca solo una)   ☐ Si   ☐ No   ☐ No se/No estoy seguro

13. Que seria la razon principal por la que usted no evacuaria si ellos le pidieron hacerlo ? (Marca solo una)
    ☐ No aplicable, yo evacuaria.   ☐ Falta de confianza en los oficiales publicos   ☐ Preocupacion de dejar la propiedad detras
    ☐ Preocupacion de seguridad personal   ☐ Preocupacion de seguridad de la familia   ☐ Preocupacion de dejar animales domesticos
    ☐ Preocupacion de ser parado en trafico y incapacidad de salir ☐ Falta de transporte   ☐ Problemas de salud (no puede ser movido)
    ☐ Otra (describela): _____   ☐ No se/No estoy seguro

Favor de contestar las preguntas abajo para propositos estadisticos <u>solamente</u>

Yo soy: ☐ Hombre ☐ Mujer

Mi edad es :   ☐ menor de 25   ☐ 25-34   ☐ 35-44   ☐ 45-54   ☐ 55-64   ☐ 65-74   ☐ 75 o mas

Mi codigo postal es : _____

Mi raza es ☐ Blanco/Caucasian ☐ Negro/Afroamericano ☐ Americano Nativo/Nativo de Alaska ☐ Asiatico ☐ Isleno Pacifico
        ☐ Otra:_____

Es usted de origen hispano. latino, o espanol ?   ☐ Si   ☐ No

Si su contesta es si, es usted ☐ Mexicano/Americano Mexicano, o Chicano ☐ Puertorriqueno   ☐ Cubano
                ☐ Otro hispano o latino (favor de especificar): _____

Tiene usted ahora mismo algun tipo de seguro de salud ? ☐ Si ☐ No ☐ Ahora no, pero antes o en el trabajo anterior, si, yo tenia seguro medico

Yo complete este sondeo en el condado de   ☐ Bladen   ☐ Brunswick   ☐ Columbus   ☐ Duplin   ☐ New Hanover   ☐ Pender
                        ☐ Robeson   ☐ Sampson   ☐ Scotland

Vive o trabaja usted en el condado donde completo este sondeo ?   ☐ Los dos   ☐ Vivo   ☐ Trabajo   ☐ Ninguno de los dos

Cuando usted esta buscando cuidado medico, que <u>hospital</u> visita usted primero ?   (Marca solo una)

☐ Hospital del Condado de Bladen   ☐ Hospital de Cape Fear   ☐ Sistema del cuidado de salud de la region de Columbus

☐ Hospital de Dosher Memorial   ☐ Hospital General de Duplin   ☐ Centro Medico de la Region de New Hanover

☐ Hospital de Pender Memorial   ☐ Centro Medico de la region de Sampson   ☐ Sistema del Cuidado de Salud de Scotland

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Appendix B- Secondary Data/ Social Determinants of Health (as reported by the State Center for Health Statistics

Social Determinants

Poverty, education, and housing are three important social determinants of health. These factors are strongly correlated with individual health. People with higher incomes, more years of education, and health and safe environment to live in tend to have better health outcomes and generally have longer life expectancies. Although these factors affect health independently, they also have interactive effects on each other and thus health. For example, people in poverty are more likely to engage in risky health behaviors, and they are also less likely to have affordable housing. In turn, families with difficulties paying rent and utilities are more likely to report barriers to accessing health care, higher use of the emergency department, and more hospitalizations. Below is a chart of the economic indicators that impact the quality of life for Columbus County residents. The unemployment rate is greater than the state's rate and the need for state and federal resources is extremely high.

Indicator	Columbus County	North Carolina
High school graduates, percent of persons age 25+, 2005-2009	79.2%	84.9%
Persons below poverty level, percent, 2009-2013	25 %	17.5%
Unemployment, September 2015	7.9 %	10.6%
Median household income, 2009-2013	$35,761.00	$46,334.00

49.2% of the county's residents were low-income on average from 2010 to 2012, meaning their incomes were less than twice the federal poverty level (NC Justice Center).
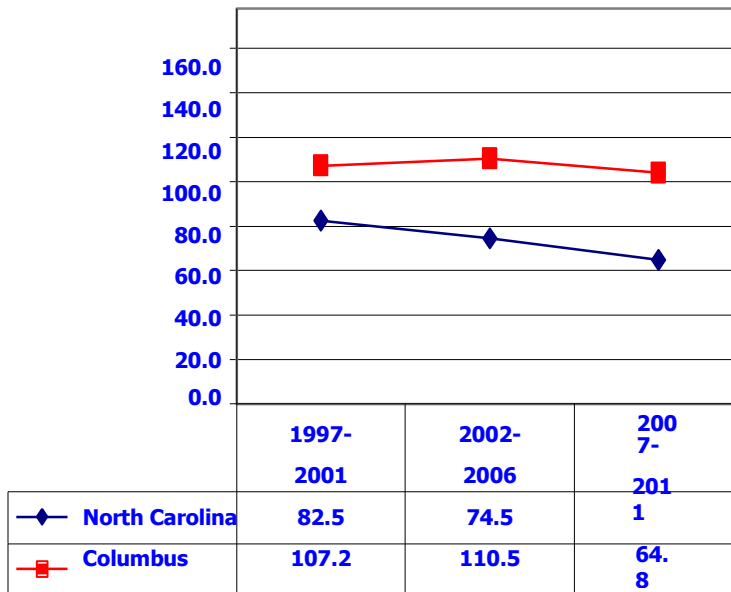
- The richest 5% of the county's households had an average income that was 25 times greater than that of the poorest fifth of households and 6 times greater than that of the middle fifth of households on average from 2010 to 2012(NC Justice Center).

- 15,163 people were eligible for Medicaid in this county in December 2013, an increase of 8.4% since December 2007 (NC Justice Center).

Other Columbus County Health Data (NC State Center for Health Statistics, 2008-2012) *** Information Provided in RATES, unless otherwise indicated
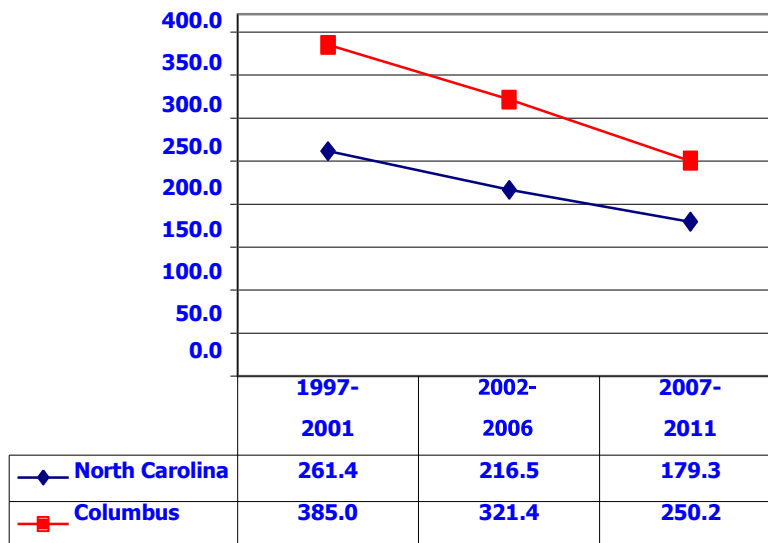
	Columbus	NC
Unintentional Poisoning Mortality(2008-2012)	21.1	11.1
Homicides	11.7	6.0
Infant Mortality(2008-2012)	11.0	7.5
Percentage of Positive Chlamydia Results(Ages 15-24)	12.0%	10.9%
New HIV Diagnoses(2007-2011)	19.8	17.7
Suicide	13.1	12.2
Pneumonia and Flu Mortality(2007-2011)	22.5	17.9
Percentage Living in Poverty	26.9%	17.4%
Cardiovascular Disease Mortality(2008-2012)	317.7	235.7
Colorectal Cancer Mortality(2008-2012)	12.0	14.8
Life Expectancy at Birth	74.2	78.2
Non-Elderly Uninsured	20.4%	19.6%

The above shows that Columbus is above the state rate for the following: Unintentional poisoning, homicides, infant mortality, percentage of positive chlamydia results for ages 15-24, new diagnoses of HIV, suicide, pneumonia and flu deaths, parentage of residents living in poverty, cardiovascular disease deaths and non-elderly uninsured. Columbus also has a lower life expectancy at birth compared to the state.

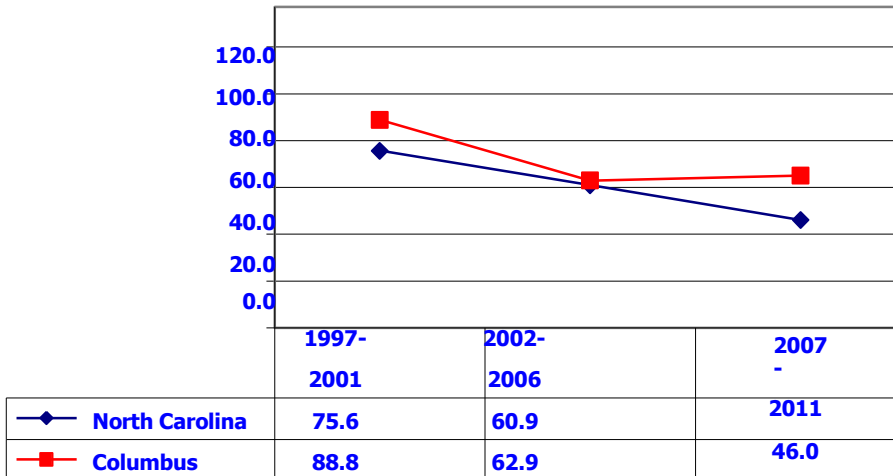## Child Death Rates per 100,000 Residents

Ages 0-17

	1997-2001	2002-2006	2007-2011
North Carolina	82.5	74.5	
Columbus	107.2	110.5	64.8

Age-Adjusted Heart Disease Death Rates per 100,000 Residents

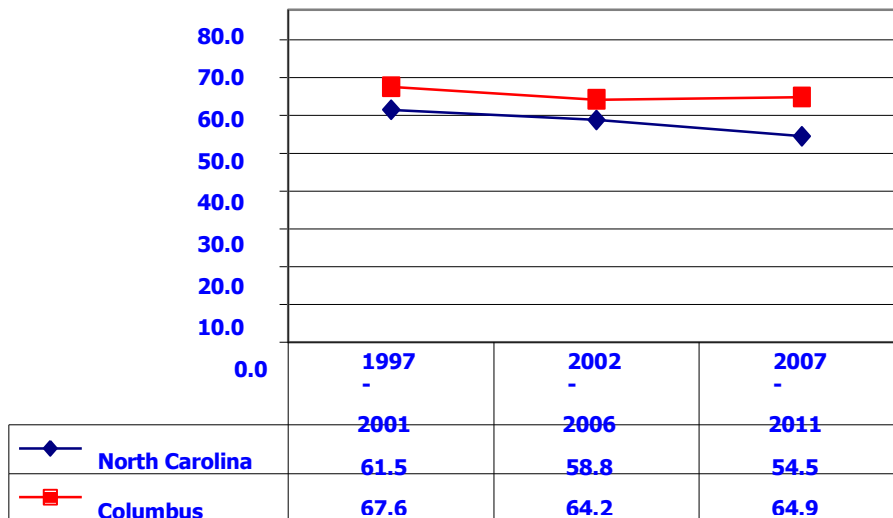|	1997-2001	2002-2006	2007-2011
North Carolina	261.4	216.5	179.3
Columbus	385.0	321.4	250.2

Columbus is higher than the state rates for teen pregnancies, child deaths, and heart disease, although these have decreased.

Age-Adjusted Stroke

Death Rates per 100,000 Residents

	1997-2001	2002-2006	2007-2011
North Carolina	75.6	60.9	46.0
Columbus	88.8	62.9	

Age-Adjusted Trachea, Bronchus, & Lung

Cancer Death Rates per 100,000 Residents

	1997-2001	2002-2006	2007-2011
North Carolina	61.5	58.8	54.5
Columbus	67.6	64.2	64.9

Other Fast Facts (NC State Center for Health Statistics)
- Total cancer rates in Columbus County remain slightly higher than the NC rate; however Columbus County minority males demonstrated the highest rate, followed by white males.
- Colon, Rectal, Anus cancer deaths were higher among African Americans with a rate of 13.3 compared to whites at 6.4.
- Diabetes deaths are higher among African Americans with a rate of 46.2 compared to 30.8 among whites.

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- Heart Disease deaths among African Americans were higher at 328.6 compared to whites at 231.9.
- Columbus County has ranked **last** in the state of North Carolina for health outcomes for the past six years (Robert Woods Johnson Foundation, 2009-15).
- 25% of residents reporting that they smoke
- 34% are obese
- 50% of all residents either classify as overweight or obese
- 21% have no health insurance
- 29% report having no physical activity
- 41% of children live in poverty

Columbus County rates for stroke and diabetes is above the state rate. However, diabetes deaths among African Americans is higher than that of whites, along with heart disease deaths. According the NC State Center for Health Statics, there are 25%of residents who report smoking, 34% are obese, and ½ of all residents classify as overweight or obese. Furthermore, almost ½ of residents report that they are NOT physically active. These numbers support data that shows that Columbus rates of the aforementioned are higher than state rates.

Columbus County and Peer Counties
As determined by the State Center for Health Statitics, Columbus County's peer counties are Duplin, Halifax, and Sampson. Peer counties are similar in population and demographics.

Please view the table below to see how Columbus compares to our peers for the selected leading causes of death and other social determinents of health.
These causes of death and social deterimients of health were selected because they relfected the health issues of concern for Columbus residents in the 2016 Community Health Assessment.

Factor	Columbus	Duplin	Halifax	Sampson
Heart Disease Deaths	25%	23.2%	22.2%	21.3%
Cancer Deaths	23%	20.7%	22.8%	19.6%
Stroke Deaths	5.4%	4.6%	5.4%	6.6%
Diabetes Deaths	2.6%	3.5%	5.5%	4.7%
Drug Alcohol Abuse(Excessive Drinking)	6%	9%	8%	11%
Adult Obesity	34%	35%	39%	36%

We encourage residents to contact the Columbus County Health Department with questions or concerns:

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Sarah.gray@columbusco.org
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Please visit us on Facebook for up-to-date health information and notices regarding public health programs and events that are offered by the Columbus County Health Department and community partners.